



If you print this application, please print (no cursive handwriting) your responses and mail to:
Maple Manor Christian Home, 643 W. Utica St., Sellersburg, IN 47172.

State any additional information you feel would be helpful in considering your application.

APPLICANT'S STATEMENT

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by checking the box beside each paragraph.)

- I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitting information in my application may result in discharge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interview with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.
- I hereby release all parties, including but not limited to Maple Manor Christian Home, Inc., personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Maple Manor Christian Home, Inc., concerning me or any action Maple Manor Christian Home, Inc., takes on the basis of such information.
- I agree to submit to a medical examination, including drug testing, and understand that any offer of employment is contingent upon the results of that examination.
- I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.
- I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Maple Manor Christian Home, Inc., or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Maple Manor Christian Home, Inc., material do not create any guarantee of employment and that Maple Manor Christian Home, Inc., has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Maple Manor Christian Home, Inc., other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Maple Manor Christian Home, Inc.
- I understand that by checking the box at left I am agreeing to this **Applicant's Statement**. DATE: _____

If printing this document, please sign name: _____ DATE: _____
SIGNATURE OF APPLICANT

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS.