

Employment Application



ASSISTED LIVING & MEMORY SUPPORT

Date _____

Name _____
Last First MI

Social Security Number _____

Home Phone # _____ Work Phone # _____

Current Address _____
Street City State Zip

Former Address _____
Street City State Zip

Are you eighteen (18) years or older? Yes No

In filling out this application, we are trying to correlate your qualifications for employment. False or misleading answers during the interview and on this form are grounds for immediate dismissal, so answer completely and accurately. All qualified applicants will receive consideration without discrimination because of sex, marital status, age, creed, national origin, or the presence of disabilities. Testing of job related skills and/or drug testing may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to complete a medical history form and may be required to be examined by Physician designated by the Company.

Education	Name and Location of School	No. of Yrs Attended	Did you Graduate?	Year Graduated
Elementary School	_____			
High School	_____			
College	_____			
Trade, Business, or Correspondence School	_____			

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Position applying for _____

Certificate/License Number (if applicable) _____

Date you can start _____ Salary desired _____

What category do you prefer:

Fulltime _____ Part-time _____ Temp _____ On Call _____

Which schedule do you prefer:

Day Shift _____ Eve Shift _____ Night Shift _____ Weekend _____ Other _____

Have you ever been investigated for abuse and neglect? Yes _____ No _____

If yes, please describe below.

Have you ever been convicted of a crime, other than a minor traffic offense, i.e. speeding?

Yes _____ No _____

If yes, please describe below.

Date	City/State	Circumstances	Result
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A conviction will not automatically disqualify you from consideration for employment. Rather, any employment decision will be based on the particular crime for which you were convicted, how long ago you were convicted, any relevant intervening developments and the nature of the employment position for which you have applied. Please give all facts and relevant information so that an informed decision may be made.

Job Related Skills

DO NOT fill out any part of this section you believe to be non-job related.

Have you been given a job description or had the requirements of the job explained to you?

Yes _____ No _____

Do you understand these requirements? Yes _____ No _____

Can you perform the requirements of this job with or without reasonable accommodation?

Yes _____ No _____

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References

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, please be clear on how to reach contact persons.

1) Most Recent Employer:

Company Name _____

City _____ State _____ Zip Code _____ Phone # _____

Dates Employed _____ to _____ Job Title _____

Supervisor's Name _____

Duties _____

Salary \$ _____ per _____

Reason for leaving _____

2) Most Recent Employer:

Company Name _____

City _____ State _____ Zip Code _____ Phone # _____

Dates Employed _____ to _____ Job Title _____

Supervisor's Name _____

Duties _____

Salary \$ _____ per _____

Reason for leaving _____

3) Most Recent Employer:

Company Name _____

City _____ State _____ Zip Code _____ Phone # _____

Dates Employed _____ to _____ Job Title _____

Supervisor's Name _____

Duties _____

Salary \$ _____ per _____

Reason for leaving _____

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List three (3) references other than past employers who will be called:

	Name	Address	Business	Phone #
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

I have read and do agree with this form that the answers given by me to the previous questions and the statements made by me are complete and true. I understand that any false information, omissions, or misrepresentation of facts may result in denial of employment or immediate termination of employment if discovered at a later date. I authorize the company and/or agent to verify all information and authorize all authorities to release any information concerning my background and release them from liability for any damage. I also understand that use of illegal drugs is prohibited during employment. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during employment.

Signature Date

DO NOT WRITE BELOW THIS LINE

Application verified by:

Signature Date