



## Employment Application

Please Print:

Resident Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ email: \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you familiar with the assisted living concept?  Yes  No

Have you been convicted of a felony in the last seven (7) years?  Yes  No If yes, please explain:

\_\_\_\_\_

Are you willing to consent to a background check?  Yes  No

Are you willing to consent to a random drug test?  Yes  No

Do you possess a current nursing or medical certificate/license?  Yes  No

CNA  LPN  RN  other \_\_\_\_\_

Have you taken the Medication Assistance Course?  Yes  No

Which work team are you applying for (circle each team that you are interested in)

Resident Assistance

Kitchen Team

Nursing Team

## Employment History

List below work history with your present or most recent job first.

Employer's Name & Address: _____	Job Title: _____	Dates of employment: _____ - _____
May we contact them? YES NO		
Supervisor's name: _____	Contact #: _____	

Employer's Name & Address: _____	Job Title: _____	Dates of employment: _____ - _____
May we contact them? YES NO		
Supervisor's name: _____	Contact #: _____	

Employer's Name & Address: _____	Job Title: _____	Dates of employment: _____ - _____
May we contact them? YES NO		
Supervisor's name: _____	Contact #: _____	

**Personal References:** List three references with Name, Telephone #. If you have three job references that we can contact, we do not need any personal references

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_