



EMPLOYMENT APPLICATION

Please read carefully and complete ALL information.

PERSONAL INFORMATION

Current Last Name	First Name	Middle	(All other last names, if applicable)
Street Address	Apt. #	City	State Zip
Home Phone Number ()	Cell Phone Number ()	E-mail Address	

ADDRESS HISTORY: Please provide address history for previous seven (7) years

Street Address	City	State	No. of Years at This Address

POSITION INFORMATION/REQUESTS

REFERRAL INFORMATION

Position(s) Applying For:	Salary Request
Shift(s) Request 11PM - 7AM 7AM - 3PM 3PM - 11PM Other: _____	Status Request Full-Time Part-Time PRN

Referral Source		
Advertisement Employment Agency	Friend Walk In	Other Relative
If referred by current employee, please list his/her name here:		

QUESTIONS

Have you completed an application for employment here before? ----> Yes No If yes, when? ___ / ___ / ___

Have you been employed by our company before? ----> Yes No If yes - From ___ / ___ / ___ To ___ / ___ / ___

Are you related to anyone who is an employee of the facility? ----> Yes No If yes - Who _____

What date are you available for work? ----> ___ / ___ / ___

If you are under 18 years of age, do you have a work permit? ----> Yes No Not Applicable

Upon employment, can you furnish proof of your legal right to work in the United States? ----> Yes No

Do you have a valid state driver's license? ----> Yes No (Only applicable if required for the job)

Employment History – List your last FIVE employers, starting with the current or most recent first. Summarize the nature of the work performed and job responsibilities. **ALL INFORMATION MUST BE COMPLETED ON THIS SHEET. PLEASE DO NOT ATTACH RESUME TO THIS DOCUMENT.**

Employer's Name: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Status: FT PT Per Diem Employed: _____ to _____

Hourly Rate/Salary: Starting \$ _____ Ending \$ _____ If still employed may we contact? Yes No

Reason for leaving _____

Immediate Supervisor/Title: _____

Summary of Responsibilities: _____

Employer's Name: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Status: FT PT Per Diem Employed: _____ to _____

Hourly Rate/Salary: Starting \$ _____ Ending \$ _____ If still employed may we contact? Yes No

Reason for leaving _____

Immediate Supervisor/Title: _____

Summary of Responsibilities: _____

Employer's Name: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Status: FT PT Per Diem Employed: _____ to _____

Hourly Rate/Salary: Starting \$ _____ Ending \$ _____ If still employed may we contact? Yes No

Reason for leaving _____

Immediate Supervisor/Title: _____

Summary of Responsibilities: _____

Employer's Name: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Status: FT PT Per Diem Employed: _____ to _____

Hourly Rate/Salary: Starting \$ _____ Ending \$ _____ If still employed may we contact? Yes No

Reason for leaving _____

Immediate Supervisor/Title: _____

Summary of Responsibilities: _____

Employer's Name: _____ Phone: (____) _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Title: _____ Status: FT PT Per Diem Employed: _____ to _____
 Hourly Rate/Salary: Starting \$ _____ Ending \$ _____ If still employed may we contact? Yes No
 Reason for leaving _____
 Immediate Supervisor/Title: _____
 Summary of Responsibilities: _____

EDUCATION

Education Level	Name/Address of School	Major or Degree	Graduated	GPA
High School			Yes No (date degree expected: _____)	
College			Yes No (date degree expected: _____)	
Graduate School			Yes No (date degree expected: _____)	
Trade/Other Training:			Yes No (date degree expected: _____)	

PROFESSIONAL LICENSES/CERTIFICATES

	Type	License/Certification #	Date Issued	Issued by Organization/State	Expiration Date
1.					
2.					
3.					
4.					

Specialized Skills/Knowledge – (include knowledge/use of equipment operated such as medical terminology, computer skills and software, etc.)

PROFESSIONAL REFERENCES

Name	Professional Relationship	Company Name & Address	Telephone/Email
	Supervisor Colleague Other		
	Supervisor Colleague Other		
	Supervisor Colleague Other		

BACKGROUND INFORMATION

A conviction, plea, or discharge will not necessarily be a bar to employment.

Have you been convicted of a felony or pled guilty or no contest to a felony?	Yes No	If "Yes", please describe in full detail:
Have you ever been discharged, suspended or asked to resign from any position?	Yes No	If "Yes", please describe in full detail:

APPLICANT'S CERTIFICATION – Please read carefully before signing.

I hereby certify that all answers on this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation will be considered just cause for rejection of this application or dismissal from employment. I understand and agree that, if employed, such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is at will. Upon termination of my employment, I authorize the release of reference information concerning my work.

I authorize my current and former employers, educational institutions, governmental agencies, references and others named in this application and accompanying documents, if any, to disclose any and all information and opinions about me that may be lawfully disclosed

I acknowledge that Twin Creeks Assisted Living and Memory Care maintains a drug free workplace and may require applicants to undergo urinalysis screening for drug or alcohol use as part of a pre-placement review. A pre-placement physical exam may be required, and/or drug testing. I authorize the test results to be released to the Medical Review Officer or designated supervisor/manager on a need-to-know basis. I acknowledge that refusing to submit to such screening will cause my application for employment to be rejected. In addition, all employees of the company may be subject to random urinalysis screening for drug or alcohol use.

The company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, marital status, veteran status, medical condition, disability or any other legally protected status. We assure you that your opportunity for employment depends solely upon your qualifications.

If employed, I agree to comply with all company policies, practices, and safety guidelines. I will report all suspected violations related thereto, and will conduct the Company's business in a strictly ethical, professional, and legal manner. I understand and agree that all programs, benefits, policies and practices of the Company may be subject to exceptions or change at any time, with or without notice, as determined by the Company.

APPLICANT'S SIGNATURE _____

DATE _____