



A nonprofit home specializing in dementia care.

# Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

## Applicant Information – Please Print

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you available to work;  Full-Time (indicate 1 2 3 shift) Days Available: ( SU M T W TH F S )  
 Part-Time (indicate 1 2 3 shift) Days Available: ( SU M T W TH F S )  
 Per Diem (indicate 1 2 3 shift) Days Available: ( SU M T W TH F S )

How did you learn about Us? \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO If yes, explain: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of a VISA or Immigration Status? YES NO If you are under 18 years old, can you provide required proof of your eligibility to work? YES NO

\*Proof of citizenship or immigration status will be required upon employment.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Additional Information

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## Disclaimer and Signature

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *“at will”* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *“at will”* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_