

Helping Hand Assisted Living Inc.
1000 Teakwood Brandon, SD 57005 – 605-582-7939

Application for Employment

PERSONAL INFORMATION:

NAME

First _____ Middle Initial _____ Last _____

Social Security # _____ DOB _____ Phn # _____

ADDRESS

Street _____ City, State, Zip _____

Are you a US citizen? Yes _____ NO _____ Are you eligible to work in US? Yes _____ NO _____

POSITION APPLIED FOR:

Available to start work on _____ (Shifts) Full time _____ Part time _____

Days _____ Evenings _____ Nights _____ ** Nurse _____ Aid _____ Housekeeping _____ Other _____

Available to work Sun _____ Mon _____ Tue _____ Wed _____ Thr _____ Fri _____ Sat _____

EDUCATION - (check all that apply)

High School graduate _____ GED _____ # year's _____ School & address _____

College graduate _____ Type of degree _____ School & address _____

License RN _____ LPN _____ UAP _____ Other _____

EMPLOYMENT HISTORY

Present Employer _____ Phn _____ Supervisor _____

Address, City, State, Zip _____

Position Title _____ From _____ To _____ Salary / Wage _____

Reason for leaving _____

Previous Employer _____ Phn _____ Supervisor _____

Address, City, State, Zip _____

Position Title _____ From _____ To _____ Salary / Wage _____

Reason for leaving _____

Previous Employer _____ Phn _____ Supervisor _____

Address, City, State, Zip _____

Position Title _____ From _____ To _____ Salary / Wage _____

Reason for leaving _____

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May we contact your present employer? Yes _____ No _____

If no please explain: _____

References

Name, Address, Phn, relation _____

Name, Address, Phn, relation _____

Name, Address, Phn, relation _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes explain _____

MEDICAL HISTORY

Are you currently under a physicians care for any illness or injury? Yes ___ No ___

If yes explain _____

Do you have any current / previous injuries or limitations that would hinder you from performing the essential functions of the job for which you are applying? Yes ___ No ___ Do you have any restrictions? Yes ___ No ___

If yes explain _____

Have you ever:

(1) had an injury related to your back? Yes ___ No ___ (2) had a work related injury? Yes ___ No ___

(3) Have you ever received / applied for workmans compensation? Yes ___ No ___

If yes explain _____

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for termination of employment and or not being hired. I authorize verification of any or all information listed. I authorize a back ground check and agree to drug testing as a condition of employment.

Date _____ Signature _____ print name _____

Below payroll information to be completed upon hire by HHAL personal only;

Gender: male ___ female ___ position hired for _____ PT ___ FT ___ Date of hire _____

Wages: starting \$ _____ (date) _____ after 30 days (orientation) \$ _____ (date) _____ after 90 days \$ _____ (date) _____

Taxes: married ___ single ___ married withhold @ single rate ___ allowances ___ extra \$ withhold ___
