## Employment Application

# APPLEGATE ASSISTED LIVING Inc.



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | Date: | | | |  | | | | |
| Last | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | | | M.I. | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | ZIP Code | | | | | |
| Phone: | (     ) | | | | | | | | | | | | | | | | | Best time to call: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Cell # | (     ) | | | | | | | | | | | | | | | | | Best time to call: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date Available: | | |  | | | | | | | Social Security No.: | | | | | | | |  | | | | | | | | | | | | Date of birth | | | | | | | | |  | | | | | | |
| Position Applied for: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 familiar with assisted living? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will you travel if the job requires?       Will you work overtime if required?  Will you transport residents in your vehicle?       If yes, do you have car insurance?  Are you willing to consent to a background check?  Are you willing to consent to a random drug test?  Do you possess a current Nursing or Medical License?      - CNA      MA      LPN      RN      Other  Do you have a current CPR-First Aid card?       Have you taken the Medication Assistance License?  What job positions will you accept?      Full Time      Part Time      Temporary  What job shifts will you accept? Day Shift(6am-2pm)       : Swing Shift(2pm-10pm)       : Night Shift(10pm-6am) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | | |  | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | | | Did you graduate? | | | | | | | | | YES | | | | | | NO | | | | | Degree: | | | | | |  | | | | | |
| College: | |  | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | | | Did you graduate? | | | | | | | | | YES | | | | | | NO | | | | | Degree: | | | | | |  | | | | | |
| Other: |  | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | To: | |  | | | | | Did you graduate? | | | | | | | | | YES | | | | | | NO | | | | | Degree: | | | | | |  | | | | | |
| Special Qualifications, skills, languages pertaining to Care giving/Elderly Care/Assisted Living: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any license/certificate pertaining to Assisted Living? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (     ) | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | (     ) | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (     ) | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | (     ) | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | |  | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | Starting Salary: | | | | | | | | | $ | | | | | | | | | | | Ending Salary: | | | | | | | | | | $ | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | (     ) | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | |  | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | Starting Salary: | | | | | | | | | $ | | | | | | | | | | | Ending Salary: | | | | | | | | | | $ | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | (     ) | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | |  | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | Starting Salary: | | | | | | | | | $ | | | | | | | | | | | Ending Salary: | | | | | | | | | | $ | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | To: |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | | |

**Please Complete Application and return to Applegate Assisted Living Inc. in person.**

**1541 East 4250 North**

**Buhl, ID 83316**