

Garden View Assisted Living

Application for Employment

Garden View Assisted Living does not discriminate on the basis of race, national origin, sex, religion, age, handicap, or any other criteria made unlawful under applicable state law. You are not required to give information responsive to any inquiries prohibited by law. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process, or if it is discovered after employment for immediate termination. If employment is offered you may be required to submit a medical review. Depending on the needs of the job, you will be asked to complete a medical history form. Depending on the needs of the job, you may be required to be examined and be drug tested.

Please Print All Information:

Date: _____ Social Security No.: _____

Name: _____

Address: _____

Home phone # _____ cell # _____

Other #: _____

EDUCATION:

Last Grade Completed: (Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School: _____ City/ State: _____

Did you graduate? Yes _____ No _____ what year _____

College, Technical, vocational school: _____

Did you graduate? Yes _____ No _____ what year _____

What major /course work / special courses _____

Are you attending school or are you currently in school?

Yes ____ No ____ If yes, when? _____

EMPLOYMENT INFORMATION:

Position applying for: _____

How did you hear about this position? _____

Are you looking for full or part time? _____

Would you be able to work various shifts, days nights, and overtime? _____

If no, explain _____

When would you be able to start? _____

Have you ever filled an application here before? _____

Have you ever been employed with us before? _____

If yes, provide dates: _____

Reason for leaving? _____

Are you currently employed? _____

May we contact your current employer? _____

What is most important to you in terms of your career?

Where do you see yourself in 2 years? _____

What do you like about your present (or last) job?

What don't you like about your present (or last) job?

What position have you enjoyed the most and why?

Employment History:

1. From _____ to _____ Company name: _____
(mo/yr) (mo/yr)
Address: _____
Job position and duties: _____
Salary: _____ Immediate supervisor: _____
Work phone # _____ Reason for leaving: _____

2. From _____ to _____ Company name: _____
(mo/yr) (mo/yr)
Address: _____
Job position and duties: _____
Salary: _____ Immediate supervisor: _____
Work phone # _____ Reason for leaving: _____

3. From _____ to _____ Company name: _____
(mo/yr) (mo/yr)
Address: _____
Job position and duties: _____
Salary: _____ Immediate supervisor: _____
Work phone # _____ Reason for leaving: _____

4. From _____ to _____ Company name: _____
(mo/yr) (mo/yr)
Address: _____
Job position and duties: _____
Salary: _____ Immediate supervisor: _____
Work phone # _____ Reason for leaving: _____

I hereby authorize my present employer and/or past employers to release all information regarding my employment. I further agree that I will not hold my present or former employers liable for any information released to Garden View Assisted Living regarding my employment history.

Applicant's Signature _____ Date _____

DRIVING

Do you have a valid driver's license? Yes _____ No _____
License # _____ Any restrictions? _____

I understand that this application will only be held on file for 60 days, after that, I must re-apply if I am still interested. I also attest that everything on this application is true to the best of my knowledge.

Applicant Signature _____ Date _____