

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Have you ever worked for this company? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

If yes - Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

If yes - Reason for leaving \_\_\_\_\_

## EMPLOYMENT INTERESTS

Position you are applying for: \_\_\_\_\_

When are you available to start working? \_\_\_\_\_

Total number of hours desired per week: \_\_\_\_\_

Type of Employment Desired: **Full Time** **Part Time** **Temporary** (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any hour limitations for working? \_\_\_\_ Yes \_\_\_\_ No

If so, what? \_\_\_\_\_

Days and Times Available (indicate a.m. or p.m.)

|      | <b>Sunday</b> | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> |
|------|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| From |               |               |                |                  |                 |               |                 |
| To   |               |               |                |                  |                 |               |                 |

## **EMPLOYMENT HISTORY**

Have you had any experience working in senior living, home health, assisted living, skilled nursing or healthcare fields? \_\_\_\_ Yes \_\_\_\_ No

If so, please describe \_\_\_\_\_

\_\_\_\_\_

How do you feel you would be suited for this position? \_\_\_\_\_

\_\_\_\_\_

Provide a complete description of your employment history for the past **FIVE** years. Start with your present employer. Be sure to include dates of service in the armed forces and any unemployed periods. **Attach an additional sheet if necessary.**

**NOTE:** A resume does not substitute for completion of an employment history. Only a fully completed application will be considered for employment openings.

A. Employer: \_\_\_\_\_  
(Company Name and Address)

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

Dates Employed (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Employment Status: **Full-Time** **Part-Time**

Telephone Number(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Were you ever disciplined? (circle one) **Yes** **No**

Reason For Leaving: \_\_\_\_\_

**Employment History Continued on Next Page...**

How many days notice given before leaving? \_\_\_\_\_

Job Description / Responsibilities : \_\_\_\_\_

\_\_\_\_\_

What did you enjoy most about this position? \_\_\_\_\_

What did you enjoy the least? \_\_\_\_\_

**B. Employer:** \_\_\_\_\_  
(Company Name and Address)

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

Dates Employed (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Employment Status: **Full-Time** **Part-Time**

Telephone Number(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Were you ever disciplined? (circle one) **Yes** **No**

Reason For Leaving: \_\_\_\_\_

How many days notice given before leaving? \_\_\_\_\_

Job Description / Responsibilities : \_\_\_\_\_

\_\_\_\_\_

What did you enjoy most about this position? \_\_\_\_\_

What did you enjoy the least? \_\_\_\_\_

**Employment History Continued on Next Page...**

C. Employer: \_\_\_\_\_  
(Company Name and Address)

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

Dates Employed (Mo/Yr) From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Employment Status: **Full-Time** **Part-Time**

Telephone Number(s): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Were you ever disciplined? (circle one) **Yes** **No**

Reason For Leaving: \_\_\_\_\_

How many days notice given before leaving? \_\_\_\_\_

Job Description / Responsibilities : \_\_\_\_\_

\_\_\_\_\_

What did you enjoy most about this position? \_\_\_\_\_

What did you enjoy the least? \_\_\_\_\_

### **EDUCATION / SKILLS**

|                     | High School |    |    |    | College/University |   |   |   | Other Education/Tech.<br>School |   |   |   |
|---------------------|-------------|----|----|----|--------------------|---|---|---|---------------------------------|---|---|---|
| Last Year Completed | 9           | 10 | 11 | 12 | 1                  | 2 | 3 | 4 | 1                               | 2 | 3 | 4 |
| GED/Diploma/Degree  |             |    |    |    |                    |   |   |   |                                 |   |   |   |

Describe any extracurricular activities, clubs, hobbies, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **GENERAL INFORMATION**

Are you 16 years of age or older? **Yes No** Are you 18 years of age or older? **Yes No**

Do you have access to a reliable form of transportation? **Yes No** If yes, what type?

If employment is offered, can you submit verification of your legal right to work in the United States? **Yes No**

### **ADDITIONAL REFERENCES**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

### **Equal Employment Opportunity Statement**

Claddagh Senior Living is proud to be an equal opportunity employer. Claddagh Senior Living does not discriminate in employment opportunities or practice in the basis of race, color, religion, sex, national origin, age, mental or physical handicap or disability, sexual orientation, citizenship, familial status (under the MN Human Rights Act), ancestry, membership in the military reserve, or any other characteristic protected by law. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Claddagh Senior Living will be based on merit, abilities and achievement. This policy governs all aspects of employment, including hiring, job assignment, training, promotion, compensation, discipline, termination and access to benefits and training.

### **Consent and Authorization to Release Information**

I have applied to Claddagh Senior Living, LLC. for employment and authorize them to contact references, past or present employers, and any other source of information which may be relevant to my application. I authorize you to furnish any requested information and release you and your organization from all liability for any damage associated with providing this information.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective a release or consent as the original which I signed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

### **Employment Verification and Conditions**

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that the company may look to verify the information I have provided in this application for employment and that the company may conduct an investigation concerning my background to the company.

I understand that employment with the company is "at will" which means that either the Company or I can terminate employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis.

**I have read, understand, and have agreed to all of the statements above.**

\_\_\_\_\_  
Signature As Shown on Social Security Card

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Printed Name of Applicant As Shown on Social Security Card