

FAIR MEADOW NURSING HOME & ASSISTED LIVING

945-6194

APPLICATION FOR EMPLOYMENT

Federal and state laws prohibit discrimination in employment because of sex, age, race color, religious creed, marital status, national origin, ancestry, disability, or handicap.

PERSONAL INFORMATION

Date _____ Social Security Number: _____

Name _____

Last

First

Middle

Present Address _____

Street

City

State

Zip

Permanent Address _____

Street

City

State

Zip

Phone No _____

Are you 16 years of age or older? _____ Yes _____ No

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of US citizenship or immigration status will be required upon employment.)

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Shift you can work: Day _____ Evening _____ Either _____

Have you ever applied to this company before? _____ Where _____ When _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma Or degree
			1	2	3	4		
High		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: center; align-items: center;">X</div>	1	2	3	4	___ Yes	
			1	2	3	4	___ No	
			1	2	3	4	___ Yes	
College			1	2	3	4	___ No	
			1	2	3	4	___ Yes	
			1	2	3	4	___ No	
Other (specify)			1	2	3	4	___ Yes	
			1	2	3	4	___ No	
			1	2	3	4	___ Yes	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verification

REFERENCES: Give below the names and mailing addresses of three persons not related to you, whom you have known at least one year.

Name	Address	Telephone Number	Years Acquainted
		(218)	
		(218)	
		(218)	

LIST BELOW PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT.

Name/Address of Company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Name/Address of Company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

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	Describe the work you did:							
Telephone:								

Name/Address of Company and type of business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

VOLUNTEER AND UNPAID WORK EXPERIENCE:

List below activities which you feel are related to the position(s) for which you are applying.

Kind of Activity:	Your Title/Duties:	No. Hrs./Mo:	Dates of Service:
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Applicant's Statement:

I understand that any employment by this facility will be on a six month probationary basis. If employed by Fair Meadow Nursing Home, I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize this facility to contact any and/or all of my references for full information.

Applicant's Signature