



Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

*"Applicants are considered and employees are treated during employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants and employees to facilitate a background check."*

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/Apt# City State Zip code

Email address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you over age 18? Yes  No  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Preferred Shift:  Days  Evenings  Graveyard

Full-time  Part-time  PRN Date Available to Start: \_\_\_\_\_

Are you willing to work nights?  Yes  No Are you willing to work weekends?  Yes  No

Do you have any pre-existing physical impairments or injuries that may impact your ability to perform your job duties?  Yes  No  
 If yes, how so?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you being referred by an employee of the Heritage?  Yes  No If so, Employee Name: \_\_\_\_\_

Have you worked here before?  Yes  No If yes, list Employment Dates: \_\_\_\_\_

Have you ever been convicted of a felony or have a felony pending?  Yes  No If yes, Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

*Failure to disclose any information on a Conviction, or Pending Conviction, at the time of your application may disqualify you for employment. If you are hired and have failed to disclose any information regarding a Conviction or Pending Conviction this will be grounds for immediate termination WITHOUT Cause.*

## EDUCATION

EDUCATION	NAME & ADDRESS OF SCHOOL	YEAR GRADUATED	COURSE OF STUDY	DIPLOMA/ DEGREE
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE/ UNIVERSITY				
FIRST AID, CPR or CNA:				

Please describe any additional training, or experiences, that you have had that applies to service care for the elderly:

---



---

## EMPLOYMENT HISTORY

*Beginning with your most recent employer:*

Company Name:		Address:	
Start Date:	Date Left:	Starting Wages:	Leaving Wages:
Supervisors Name:	Phone Number:	May we contact this employer? [ ]Yes [ ]No <u>If no, please explain:</u>	
Title & Duties:			
Reason for Leaving:			
Company Name:		Address:	
Start Date:	Date Left:	Starting Wages:	Leaving Wages:
Supervisors Name:	Phone Number:	May we contact this employer? [ ]Yes [ ]No <u>If no, please explain:</u>	
Title & Duties:			
Reason for Leaving:			
Company Name:		Address:	
Start Date:	Date Left:	Starting Wages:	Leaving Wages:
Supervisors Name:	Phone Number:	May we contact this employer? [ ]Yes [ ]No <u>If no, please explain:</u>	
Title & Duties:			
Reason for Leaving:			

## APPLICANT'S CERTIFICATION & AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in dismissal. I authorize The Heritage House to investigate any of the facts set forth. I understand that The Heritage House may give me a conditional job offer, and I may be required to furnish additional information regarding medical conditions, history, and any other information regarding pre-existing physical impairment.

*Thank you for applying to work at The Heritage House!*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_