



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: _____