

Job Application

Cedar View Assisted Living

To Applicant: Cedar View Assisted Living *e* does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, disability or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. We appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Application for employment will not be considered unless fully completed.

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NO.
Any other name, such as nicknames, maiden name, or assumed name, needed to verify the contents of this application.			HOME PHONE
ADDRESS (Number and Street)			ALTERNATE PHONE
CITY, STATE, AND ZIP CODE			
POSITION DESIRED 1 st Choice		2 nd Choice	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Other	What Shift?	Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Part-Time		<input type="checkbox"/> First <input type="checkbox"/> Third	Reason for leaving _____
		<input type="checkbox"/> Second <input type="checkbox"/> Any	_____
When are you available for work? _____			

EDUCATION

Check the highest level or equivalent completed:

<input type="checkbox"/> G.E.D.	High School	College/Tech	Are you currently a student?
Date _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	9 10 11 12	1 2 3 4	

College	No. Years Completed	Degree or Diploma	GPA or Class Rank	Major	Minor

If you are applying for a job that requires clerical skills, answer the following: _____ typing wpm

Please list the software you are skilled in: _____

PROFESSIONAL REGISTRATION, LICENSES OR ACCREDITATION

Type	State	Registration Number	Expiration Date
Type	State	Registration Number	Expiration Date

IN CASE OF EMERGENCY, NOTIFY:

Name	Home Telephone Number ()
Name	Home Telephone Number ()

EMPLOYMENT HISTORY – List entire employment history, including military experience, starting with your present employer. For any unemployment or self-employed periods show dates and location. (Attach additional sheets if necessary).

Company Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Job: _____ Supervisor's name: _____ <i>Dates Employed</i> From: _____ To: _____	Last Pay Rate: _____ Reason for Leaving: _____
Company Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Job: _____ Supervisor's name: _____ <i>Dates Employed</i> From: _____ To: _____	Last Pay Rate: _____ Reason for Leaving: _____
Company Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Job: _____ Supervisor's name: _____ <i>Dates Employed</i> From: _____ To: _____	Last Pay Rate: _____ Reason for Leaving: _____

May we contact your present employer at this time? Yes No Past employers? Yes No
 Have you ever been convicted of a felony? Yes No If yes, please state when, where and nature of conviction: _____

PERSONAL REFERENCES (Please do not include relatives)

Name	Street Address, City, State, Zip Code
Telephone Number ()	Occupation
Name	Street Address, City, State, Zip Code
Telephone Number ()	Occupation

STATEMENT OF UNDERSTANDING

I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate Cedar View Assisted Living. I certify that all information given on this application is true and correct to the best of my knowledge, without consequential significant omissions of any kind whatsoever. I understand Cedar View Assisted Living will conduct a thorough inquiry of my personal character to verify data provided herein, and I agree to release from liability any person giving or receiving information in connection with this inquiry. I further understand that any falsification of information given in this application or any consequential or significant omissions there from, will be considered sufficient cause for either refusal to hire or immediate discharge from Cedar View Assisted Living at any time during my employment. In consideration of my potential employment, I agree to conform to the rules of Cedar View Assisted Living. I understand that if I am employed, I have the right to terminate my employment at any time with or without notice, with or without cause and Cedar View Assisted Living has a similar right. I understand that my employment by Cedar View Assisted Living does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled or unscheduled overtime and scheduled weekend and holiday work when required by Cedar View Assisted Living

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a position at Cedar View Assisted Living and hereby grant the Cedar View Assisted Living in Killen, AL permission to verify my employment information and to solicit and secure other information which may be required to determine my suitability for employment. I further authorize the named employer to release to Cedar View Assisted Living such information as may be requested for the purpose of evaluating me for possible employment. A copy of my authorization bearing my correct signature has the same force and effect as the original.

DATE _____ APPLICANT'S SIGNATURE : _____