

APPLICATION FOR EMPLOYMENT

Cardinal Ridge Residential Care

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For						Date of Application	
How Did You Learn About Us?							
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative	
Last Name		First Name		Middle Name			
Address	Number	Street	City	State	Zip Code		
Telephone Number(s)						Social Security Number	

Best time to contact you at home is: _____:_____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____.

Have you ever been employed with us before? Yes No
If Yes, give date _____.

Are you acquainted with any of our present employees? Yes No
If Yes, give names(s) _____.

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status. Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____.

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

School	Name and Address Of School	Course Of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Professional				
Other Specify				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)			Hourly Rate/Salary Starting Final
Starting/Present Job Title			
Supervisor			
Reason For Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Numbers(s)			Hourly Rate/Salary Starting Final
Starting/Present Job Title			
Supervisor			
Reason For Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)			Hourly Rate/Salary Starting Final
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMENTS: Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military

List professional, trade, business or civic activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications *Summarize special job-related qualifications acquired from employment or other experience.*

Specialized Skills (✓ Skills/Education)

<input type="checkbox"/> Childhood 1	<input type="checkbox"/> CNA	<input type="checkbox"/> Administer Medication	Other (List)
<input type="checkbox"/> Childhood 2	<input type="checkbox"/> Fire Safety	<input type="checkbox"/> CPR	_____
<input type="checkbox"/> Infant Toddler	<input type="checkbox"/> OSHA Training	<input type="checkbox"/> First Aid	_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT(S) OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

Personal/Professional References – do not include family members or past supervisors.

NAME	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship and may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date