



EMPLOYMENT APPLICATION

PLEASE SUBMIT A COPY OF YOUR RESUME WITH THIS APPLICATION

PERSONAL INFORMATION

Name (first, middle, last) _____ Date of Birth _____ Social Security Number _____

Street Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

How did you hear about us? _____

AVAILABILITY

Desired Position _____ Desired Status: FT PT CFX YA

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ANY <input type="checkbox"/> NO <input type="checkbox"/>	ANY <input type="checkbox"/> NO <input type="checkbox"/>	ANY <input type="checkbox"/> NO <input type="checkbox"/>	ANY <input type="checkbox"/> NO <input type="checkbox"/>	ANY <input type="checkbox"/> NO <input type="checkbox"/>	ANY <input type="checkbox"/> NO <input type="checkbox"/>	ANY <input type="checkbox"/> NO <input type="checkbox"/>
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If hired, when could you begin work? _____ How many hours do you want to work each week? _____

Wage expectation: _____ Are you legally authorized to work in the U.S.? Yes No

Are you currently employed? Yes No May we contact your employer? Yes No

Have you ever applied to this company before? Yes No If so, when? _____

Have you ever worked for this company before? Yes No If so, when? _____

WORK EXPERIENCE & EDUCATION MOST RECENT FIRST

Company	Position & Duties	Supervisor & Phone	Dates Employed	Reason for Leaving
_____ City, State _____	_____ _____	_____ _____	_____ _____	_____ Ending wage \$ _____
_____ City, State _____	_____ _____	_____ _____	_____ _____	_____ Ending wage \$ _____
_____ City, State _____	_____ _____	_____ _____	_____ _____	_____ Ending wage \$ _____

School Most Recently Attended:

School Name _____ City _____ State _____ Now Enrolled: Yes No

Last Grade Completed/Degree Earned _____ GPA _____ Graduate: Yes No

GENERAL INFORMATION

Do you have any special subjects of study or research work? _____

Do you have any special training, certifications, qualification, etc.? _____

Do you have any special skills that would add to Tower View Assisted Living's team? _____

Any particular areas of expertise/hobbies/interests to share with the residents via activities? _____

Are there any reason why you would not be able to come to work for a scheduled shift? _____

Have you ever served in the US military? Yes No

Have you been convicted of a felony in the last five (5) years? Yes No

If yes, please explain. This will not immediately exclude you from consideration. _____

REFERENCES

Below, please provide information of three persons you are not related to, whom you have known at least one year. At least one of these references should be from a professional or school setting.

Reference #1

_____ Name	_____ Relationship	
_____ Years Acquainted	_____ Phone	
_____ Street Address	_____ Email	
_____ City	_____ State	_____ Zip

Reference #2

_____ Name	_____ Relationship	
_____ Years Acquainted	_____ Phone	
_____ Street Address	_____ Email	
_____ City	_____ State	_____ Zip

Reference #3

_____ Name	_____ Relationship	
_____ Years Acquainted	_____ Phone	
_____ Street Address	_____ Email	
_____ City	_____ State	_____ Zip

NEW HIRE APPLICATION ACKNOWLEDGMENT

By signing this acknowledgment, I hereby attest that all of the information contained in this document is true and complete to the best of my knowledge. If this application leads to employment, I understand that false and misleading information may lead to a release in consideration. I understand that if I am employed, any misrepresentation or material omission made by me on this application will lead to cancellation of this application or immediate discharge from Tower View Assisted Living when it is discovered. I give Tower View Assisted Living the right to contact and obtain information from references, employers, educational institutions unless otherwise noted. Tower View Assisted Living does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant from considering of employment on a basis prohibited by local, state, and federal law. This application is current for 60 days. At the conclusion of this time, if I had not heard from the employer or would like to reapply if employment is not secured, it will be necessary to fill out a new application. I also understand that if I am hired, I will be required to provide a proof of identification and legal work authorization.

Employee Name Printed

Employee Signature

Date