

## **Application for Employment**

(Pre-employment questionnaire) (An equal opportunity employer)

### **PERSONAL INFORMATION**

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Are you 18 years or older? Yes\_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Y\_\_\_ N\_\_\_

### **EMPLOYMENT DESIRED**

Position desired: \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you worked here before? Yes\_\_\_ No\_\_\_ If so, When: \_\_\_\_\_

Are you employed now? Yes\_\_\_ No\_\_\_ If so, may we inquire of your present employer? Yes\_\_\_ No\_\_\_ If so, please list

current employer and phone number: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

### **EDUCATION**

**Name & location of school**

**Time attended**

**Date graduated**

High School

College

NAC training

### **List/attach certifications and expiration dates and other pertinent information:**

NAC license: Yes\_\_\_ No\_\_\_ If so, expiration date: \_\_\_\_\_

Food Handlers: Yes\_\_\_ No\_\_\_ If so, expiration date: \_\_\_\_\_

TB test: Yes\_\_\_ No\_\_\_ If so, dates done: \_\_\_\_\_

CPR/First Aid: Yes\_\_\_ No\_\_\_ If so, expiration date: \_\_\_\_\_

HIV-AIDS Certificate: Yes\_\_\_ No\_\_\_ If so, date obtained: \_\_\_\_\_

Dementia Certificate: Yes\_\_\_ No\_\_\_ If so, date obtained: \_\_\_\_\_

List any special skills/training: \_\_\_\_\_

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Can you prepare a meal/follow a recipe? Yes\_\_\_ No\_\_\_ If not, are you willing to learn? Yes\_\_\_ No\_\_\_

Have you been convicted of a felony within the last 5 years? Yes\_\_\_ No\_\_\_

Have you been in the US Military or Naval Service? Yes\_\_\_ No\_\_\_ If so, your Rank: \_\_\_\_\_

Are you presently a member in the National Guard or Reserves? Yes\_\_\_ No\_\_\_

**FORMER EMPLOYERS**

List your last three employers; starting with the most recent one first.

Name of last employer/address: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Name of last employer/address: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Name of last employer/address: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Notify: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete. I understand if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the facility's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I understand that no facility representative, other than it's administrator and then only when in writing and signed by the administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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

Comments: \_\_\_\_\_