



We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital status. Equal Opportunity Employer (EOE)

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Phone Number (H) _____ Cell _____

Willing to work: _____ Full-Time _____ Part-Time

Position Applying for: _____

Number of Hours available per week _____

Shift Preference _____ 1st _____ 2nd _____ 3rd

Do you have a valid driver license? _____ Yes _____ No

What is the number:

Have you ever worked for The Homeplace? _____ Yes _____ No

If yes list dates: _____

Have you been convicted of any crime in the last 3 years? _____ Yes _____ No

(Conviction will not necessarily disbar an applicant from employment)

If yes, please explain:

EMPLOYMENT EXPERIENCE: Start with most recent

May we contact most recent employer? _____ Yes _____ No

Employer _____ Phone _____

Address _____

Dates Worked _____ Position _____
Supervisor _____ Salary _____
Reason for leaving _____

Employer _____ Phone _____
Address _____
Dates Worked _____ Position _____
Supervisor _____ Salary _____
Reason for leaving _____

Employer _____ Phone _____
Address _____
Dates Worked _____ Position _____
Supervisor _____ Salary _____
Reason for leaving _____

EDUCATION

Elementary School Name _____
Location _____
Years completed _____

High School _____
Location _____
Years completed _____
College/University _____
Location _____
Years completed _____

Graduate/
Professional _____
Location _____
Years completed _____
Describe any specialized
training _____

REFERENCES:

 Give name, address and telephone number of three references who are not related to you.

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

PLEASE READ

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for termination.

2. I authorize the references listed to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

4. I acknowledge that The Homeplace Assisted Living retains the right to terminate my employment at will.

SIGNATURE: _____

DATE: _____