APPLICATION FOR EMPLOYMENT

ASSISI HEIGHTS 1001 14th Street N.W. Rochester, MN 55901

POSITION(S) APPLIED FOR:		DATE OF APPLICATION	ON:/			
DEPARTMENT(S): Administration Di	DEPARTMENT(S): Administration Dietary Health Care Housekeeping Maintenance					
DATE AVAILABLE FOR WORK:/	/					
TYPE OF EMPLOYMENT DESIRED: Fu	ıll-Time Part-Tin	ne Temporary	Seasonal			
AVAILABLE TO WORK: Days Even	ings Nights Nights	Weekends				
HOW DID YOU HEAR ABOUT THE JO	B FOR WHICH YO	U APPLIED?				
Newspaper Ad Personal Reference Applied with	•					
Employment Agency Applied with Other (please specify)						
PERSONAL DATA						
NAME(FIRST)	0.420.22	(7.1.9TP)				
	(MIDDLE)	(LAST)				
ADDRESS(STREET)	(CITY)	(STATE) (ZIP)	(LENGTH OF TIME)			
PREVIOUS ADDRESS						
(STREET)	(CITY)	(STATE) (ZIP)	(LENGTH OF TIME)			
TELEPHONE ()						
IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS?						
MAY WE CONTACT YOU AT WORK? IF YES, WORK NUMBER						
ARE YOU AT LEAST 16 YEARS OF AGE? O YES O NO						
HAVE YOU BEEN EMPLOYED HERE BEFORE? O YES O NO IF YES, WHEN?						
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? O YES O NO						
WHY ARE YOU INTERESTED IN THIS P	OSITION?					

EMPLOYMENT HISTORY

LIST YOUR LAST FOUR EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENTS SECTION BELOW.

EMPLOYER TELEPHONE	DATES EI	MPLOYED	SUMMARIZE THE NATURE OF THE		
	FROM	ТО	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS					
	HOURLY RA	ATE/SALARY			
JOB TITLE	STAI	RTING			
	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
REASON FOR LEAVING		NAL			
MAY WE CONTACT FOR REFERENCE? O YES NO	\$	PER			
EMPLOYER TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE		
	FROM	ТО	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS		•			
	HOURLY RA	ATE/SALARY			
JOB TITLE	STAI	RTING			
	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
DE LOOVED VENTAGE	— FII	NAL			
REASON FOR LEAVING	\$	PER			
MAY WE CONTACT FOR REFERENCE? O YES NO					
EMPLOYER TELEPHONE	DATES E	MPLOYED	SUMMARIZE THE NATURE OF THE		
	FROM	TO	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS					
	HOURLY RA	ATE/SALARY			
JOB TITLE	STAI	RTING			
DAMEDIATE SUBERVISOR AND TELL	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
REASON FOR LEAVING	\$ FII	NAL			
MAY WE CONTACT FOR REFERENCE? O YES NO		PER			
EMPLOYER TELEPHONE	DATES EI	MPLOYED	SUMMARIZE THE NATURE OF THE		
	FROM	ТО	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS					
	HOURLY RATE/SALARY				
JOB TITLE	STAI	RTING			
	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
REASON FOR LEAVING	FII	NAL	1		
TELLISOT, FOR ELLISTING					
MAY WE CONTACT FOR REFERENCE? O YES NO	\$	PER			

COMMENTS (including explanation of gaps in employment).						
SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.						
LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).						
LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.						
EDUCATIONAL BACKGROUND						
NAME AND LOCATION	YEARS COMPLETED		DID YOU GRADUATE?		(COURSE OF STUDY
HIGH SCHOOL						
COLLEGE	MAJOR	DEGREE				
OTHER						
PROFESSIONAL LICENSES/REGISTRATION	ZENSUKE/KE	EGISTRATION		STATE		NUMBER
*Current	O/REGIOTIVITION		TO DITE	SHILL		TOMBER
Driver's License # (if job related)						
*If no current Minnesota License/Registration, please check appropriate space below: Reciprocity action in progress Applied for State Boards: State Date New Graduate Permit applied for: State Date Other, please explain						

REFERENCES

	NAME/ADDRESS	TELEPHONE	YEARS KNOWN	RELATIONSHIP		
-						
	EMPLOYMENT UNDERSTANDING					
	agreed upon that any misrepresentation by me paration from the employer's service if I have		l be sufficient cause fo	or cancellation of this		
release from liability	the right to investigate all references and to s the employer and its representatives for seek nishing such information.					
	Equal Opportunity Employer. Assisi Heights or the purpose of limiting or excusing any app					
	arrent for six (6) months. At the conclusion of byment, it will be necessary to fill out a new a		heard from the employ	yer and still wish to be		
	as I am free to resign at any time, Assisi Hei without prior notice. I understand that no rep					
	company's policy not to refuse to hire a qual would be required by the ADA.	lified individual with a c	disability because of th	nis person's need for an		
Assisi Heights is a Sı	moke-free Environment. We thank you for yo	our interest in employme	ent at Assisi Heights.			
Signature of Applica	nt	Date	//			
	FOR HUMAN RES	SOURCE USE ONLY				
REFERENCE CH	ECKS MAILED TO: (list)			E RECEIVED BACK		
· ' '	PLIED FOR O AVAILABLE O NO					
HIRED O YE	NS CONSIDERED FOR					

POSITION HIRED FOR _____

DATE OF HIRE ____/___