

APPLICATION FOR EMPLOYMENT

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

POSITION(S) APPLIED FOR: _____ DATE OF APPLICATION: ____/____/____

DEPARTMENT(S): Administration ____ Dietary ____ Health Care ____ Housekeeping ____ Maintenance ____

DATE AVAILABLE FOR WORK: ____/____/____

TYPE OF EMPLOYMENT DESIRED: Full-Time ____ Part-Time ____ Temporary ____ Seasonal ____

AVAILABLE TO WORK: Days ____ Evenings ____ Nights ____ Weekends ____

HOW DID YOU HEAR ABOUT THE JOB FOR WHICH YOU APPLIED?

____ Newspaper Ad ____ Personal Referral, by _____

____ Employment Agency ____ Applied with no knowledge of job opening

____ Other (please specify) _____

PERSONAL DATA

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP) (LENGTH OF TIME)

PREVIOUS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP) (LENGTH OF TIME)

TELEPHONE (____) _____ - _____ EMAIL _____

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? ____ YES ____ NO

HAVE YOU BEEN EMPLOYED HERE BEFORE? ____ YES ____ NO IF YES, WHEN? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ____ YES ____ NO

WHY ARE YOU INTERESTED IN THIS POSITION? _____

EMPLOYMENT HISTORY

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

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE JOB PERFORMED & RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE NATURE OF THE JOB PERFORMED & RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
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		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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				

LICENSURE/REGISTRATION DATA			
PROFESSIONAL LICENSES/REGISTRATION	EXPIRATION DATE	STATE	NUMBER
*Current			
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

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give Assisi Heights the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Assisi Heights is an Equal Opportunity Employer. Assisi Heights does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, Assisi Heights reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Assisi Heights is a Smoke-free Environment. We thank you for your interest in employment at Assisi Heights.

Signature of Applicant _____ Date ____/____/____

FOR HUMAN RESOURCE USE ONLY	
REFERENCE CHECKS MAILED TO: (list)	DATE RECEIVED BACK
_____	_____
_____	_____
POSITION(S) APPLIED FOR ____ AVAILABLE ____ NOT AVAILABLE	
OTHER POSITIONS CONSIDERED FOR _____	
HIRED ____ YES ____ NO	
POSITION HIRED FOR _____	DATE OF HIRE ____/____/____