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 ACTIVITES, 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? ___ YES ___ NO				

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MAY WE CONTACT FOR REFERENCE? ___ YES ___ 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 _____/_____/_____