



Application for Employment

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Personal information

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail _____

Home phone _____ Mobile Phone _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/salary desired _____

Position desired _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk-in Advertisement Referral Other

Have you ever worked for this company before? ___Yes ___No

If yes, please give dates and reason for leaving _____

Do you know anyone who works for our company? Please list them if so _____

Education	Name and location of school	No. of yrs. attended	Degree received	Subjects studied/major
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High School

College or University

Trade, Business or Correspondence School

Employment history

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title	Address		
Immediate supervisor and title	Summarize the nature of work performed and job responsibilities		
Reason for leaving			

From	To	Employer	Telephone
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Job Title Address

Immediate supervisor and title Summarize the nature of work performed and job responsibilities

Reason for leaving

From	To	Employer	Telephone
			()

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From	To	Employer Name	Telephone
			()

Job Title Address

Immediate supervisor and title Summarize the nature of work performed and job responsibilities

Reason for leaving

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer skills (please describe):

References

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Caledonia Senior Living & Memory Care is an equal opportunity employer. Caledonia Senior Living and Memory Care does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Caledonia Senior Living & Memory Care to hire me. If I am hired, I understand that either Caledonia Senior Living & Memory Care or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Caledonia Senior Living & Memory Care has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Caledonia Senior Living & Memory Care true and complete information on this application. No requested information has been concealed. I authorize Caledonia Senior Living & Memory Care to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.