

Auburn Residential Care Center

APPLICATION FOR EMPLOYMENT

Note: We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Position Applied For: _____ Date: _____

Name: _____ Maiden Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Social Security Number: _____

Best time to contact you: _____ Have you been employed with us before? _____

If you are under 18 years of age, can you provide required proof of eligibility to work? _____

Do you have any friends or relatives that are employed here? _____

Are you currently employed? _____

May we contact your present employer? _____

Are you prevented from legally being employed in this country because of a Visa or Immigration status? _____

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work _____ Full Time _____ Part-Time _____ Per Diem

Please indicate shift available to work: _____Mornings _____Afternoons _____Evenings

Describe any special training, skills or certifications you have:

Employment Experience

Employer: _____ Dates From _____ To _____
Address: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____

Employer: _____ Dates From _____ To _____
Address: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____

Employer: _____ Dates From _____ To _____
Address: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____

Employment References

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Personal Reference

Name: _____ Telephone: _____

APPLICANT STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained as may be necessary to make a decision. In the event of my employment, I understand that false or misleading information given in this application or interview may result in discharge.

Signature of Applicant

Date