

APPLICATION FOR EMPLOYMENT

Prairie Manor Care Center
220 3rd ST NW
Blooming Prairie, MN 55917

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

Name
First Middle Last

Present Address
No. Street City State Zip

Previous Address
No. Street City State Zip

Telephone Number () - Email Address

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

Have you been convicted of a felony within the last seven years? Yes No

If YES, please explain:

Company Experience

Have you worked for this company before? Yes No Dates: From To
Month/Year Month/Year

Department Rate of Pay Position

Reason for Leaving

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General

Are you currently employed? Yes No If not, when was your last date of employment?

Position applying for Full Time Part Time Temporary

How were you referred? Rate of Pay expected

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or other protected group status.

EDUCATIONAL BACKGROUND

<i>Type of school</i>	<i>Name and City</i>	<i>Did you graduate? / Year</i>	<i>Course or Major</i>
College			
Technical School			
High School			
Other			

LIST ALL PAST AND PRESENT EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME		DATES WORKED		POSITION(S) HELD	
ADDRESS,CITY,STATE,ZIP		FROM	TO	DUTIES / RESPONSIBILITIES	
PHONE #					
TYPE OF BUSINESS				REASON FOR LEAVING	
NAME OF SUPERVISOR				MAY WE CONTACT <input type="radio"/> Yes <input type="radio"/> No	
STARTING WAGE \$ <input type="text"/> PER <input type="radio"/> Month <input type="radio"/> Year	ENDING / CURRENT WAGE \$ <input type="text"/> PER <input type="radio"/> Year <input type="radio"/> Month		BONUS AMOUNT RECEIVED		WORK HOURS

COMPANY NAME		DATES WORKED		POSITION(S) HELD	
ADDRESS,CITY,STATE,ZIP		FROM	TO	DUTIES / RESPONSIBILITIES	
PHONE #					
TYPE OF BUSINESS				REASON FOR LEAVING	
NAME OF SUPERVISOR				MAY WE CONTACT <input type="radio"/> Yes <input type="radio"/> No	
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PERSONAL REFERENCES

NAME	RELATIONSHIP OR TITLE
HOME PHONE	WORK PHONE
ADDRESS	YEARS KNOWN

NAME	RELATIONSHIP OR TITLE
HOME PHONE	WORK PHONE
ADDRESS	YEARS KNOWN

NAME	RELATIONSHIP OR TITLE
HOME PHONE	WORK PHONE
ADDRESS	YEARS KNOWN

NAME	RELATIONSHIP OR TITLE
HOME PHONE	WORK PHONE
ADDRESS	YEARS KNOWN

EXPERIENCE

Please list any previous experience that may qualify you for this position

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Please attach copies of any license or certification documentation if applicable.

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same of record or not, and I release employers and other persons named herein from all liability for damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the result of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

FOR OFFICE USE ONLY

Called For Interview

Scheduled Interview

Resume

Reference Checks Done

Interview Notes

Hire Date

Employee #

Department

Payroll / Status Change Notice

Employee Record Card