

Autumn Hills of Bemidji, Inc.
Assisted Living
Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

****PLEASE PRINT CLEARLY****

Position(s) applied for _____ Date _____ / _____ / _____

How did you find out about this job? Newspaper Employee Walk-In Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____ - _____ - _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

List any special skills or training: _____

Salary Desired: _____

Employment Information

Are you 18 years of age or older? _____

Are you seeking full time, part time, or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

Are you a student? _____ if yes, please provide school schedule _____

List times you are not available to work _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____

Are you currently employed? _____ If hired, when would you be able to start? _____

Have you ever been discharged or asked to resign from any position? Yes No

Have you ever worked for this organization before? _____ If yes, name used: _____

List any friends or relatives employed by this company: _____

Education (circle highest level achieved)

Elementary:	1 2 3 4 5 6 7 8	Secondary:	9 10 11 12 G.E.D.	College:	1 2 3 4 5 6 7 8
Name of School:	_____	Name of School:	_____	Name of School:	_____
Location of School:	_____	Location of School:	_____	Location of School:	_____
				Degree & Major:	_____
				Minor:	_____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From: _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

2. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From: _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

3. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From: _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

4. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From: _____ To: _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____

If yes, give name and organization(s) _____

May we contact the employers listed above? _____ **If not, list the employers you do not wish us to contact and why:** _____

Comments: _____

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I do hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. Employment is contingent on a negative drug test. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:
COMMENTS:

HIRE DATE:

POSITION:

WAGE:

PAPERWORK: