

Application For Employment- Coastal Landing Retirement Community

Application date: _____

PERSONAL INFORMATION:

<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>
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Email Address: _____

Addresses: (Please list your current and previous place(s) of residence for the past ten (10) years. Start with your current residence; include Street, City, State, Zip Code, # of years at that location.

_____	<i># of years</i>
_____	<i># of years</i>
_____	<i># of years</i>
_____	<i># of years</i>

<i>Telephone:</i>	<i>Social Security Number:</i>
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If you are under 16 years of age, do you have a work permit? Yes No

Are you legally authorized to work in the United States of America? Yes No

Have you been known by any other name? Yes No if yes, please list: _____

EMPLOYMENT DESIRED:

Please state the position you are applying for: _____

What shift can you work? First Second Third

Please list any shifts, days, hours, etc. that you are NOT available: _____

How did you hear of this opening (specify)? _____

Date you can start: _____

Have you ever applied for a position with this facility or Rousseau Management, Inc.?
(This includes: Dionne Commons, Horizons Living and Rehab Center, Skolfield House, Assisted Home Care II)

Yes No If yes, when and where? _____

Have you ever worked for this facility or another facility owned by Rousseau Management, Inc.?
(This includes: Dionne Commons, Horizons Living and Rehab Center, Skolfield House, Assisted Home Care II)

Yes No If yes, please tell us where/when/your supervisor and your reason for leaving:

EMPLOYMENT RECORD: (Include employment history for at least the past ten (10) years)

Name, Address, and Phone of Current/Last Employer: _____

Was this position full or part-time? Full-time Part-time Per diem

Position Held: _____ Supervisor: _____

Starting/Ending Wage: _____ Dates Employed: _____

Did you resign from this position or were you terminated or laid off?

Please explain: _____

Name, Address, and Phone of Current/Last Employer: _____

Was this position full or part-time? Full-time Part-time Per diem

Position Held: _____ Supervisor: _____

Starting/Ending Wage: _____ Dates Employed: _____

Did you resign from this position or were you terminated or laid off?

Please explain: _____

Name, Address, and Phone of Current/Last Employer: _____

Was this position full or part-time? Full-time Part-time Per diem

Position Held: _____ Supervisor: _____

Starting/Ending Wage: _____ Dates Employed: _____

Did you resign from this position or were you terminated or laid off?

Please explain: _____

Name, Address, and Phone of Current/Last Employer: _____

Was this position full or part-time? Full-time Part-time Per diem

Position Held: _____ Supervisor: _____

Starting/Ending Wage: _____ Dates Employed: _____

Did you resign from this position or were you terminated or laid off?

Please explain: _____

EDUCATION:

Please circle the highest grade completed: 9 10 11 12 1 2 3 4
 High School College

Name and location of last school attended: _____

Vocational or Trade Training: _____

Professional organization membership, honors received, volunteer or community service qualifications you have which you feel are related to the position which you are applying: _____

PROFESSIONAL LICENSES AND /OR CERTIFICATIONS:

Please list all certificates/licenses you hold in any state:

Type of license	Organization/State Issued	Date Issued	License Number
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Type of license	Organization/State Issued	Date Issued	License Number
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Have you ever had any disciplinary action taken against any of your license(s) and/or certificate(s)?

Yes No

Are you currently excluded from participating in the Medicare and/or Medicaid programs?

Yes No

In your previous work experience has your employment been terminated /asked to resign due to abuse, neglect or exploitation of a person/resident you were caring for?

Yes No

If you answered, Yes to any of the questions listed above please describe the circumstances below:
 (Use additional sheets if necessary) _____

REFERENCES: (Please list three non-family references)

Name	Address	Phone	Years Known
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May we contact your present employer? Yes No If no, why not? _____

**(PLEASE NOTE: THIS FACILITY CONDUCTS CRIMINAL
BACKGROUND CHECKS UPON HIRE, PLEASE INC. OUT'S, ETC.)**

Have you ever been convicted of a crime anywhere? Yes No If yes, please explain below:
(include misdemeanors/felonies)

This facility does not discriminate in hiring or any other decision on the basis of race, color, gender, sexual orientation, citizenship, religious creed, marital status, national origin, ancestry, sexual orientation, or on the basis of age, physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

The facility intends to comply with all federal, state and local equal opportunity employment laws. This facility will also provide applicants with disabilities reasonable accommodations needed to participate in the application process.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I also give permission for a criminal background check to be completed on myself.

I understand that if employed, my employment will be at will which means that either party is free to terminate the employment relationship at any time with or without cause. I also understand that my employment may be terminated for any misstatements or omission of fact appearing on the application form. I also understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head of administrator of this institution.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility of employment.

Signature of Applicant

Date of Application

FOR OFFICE USE ONLY

Starting Rate of Pay: _____

Shift Working (Nursing Only): Days Evenings Nights

DOH: _____ Position: _____

Hours Working Per Week _____

Other Comments: _____

Signature of the person that completed this section: _____