



## Application for Employment

Thank you for applying for a position with Mountain Springs Assisted Living Center. We appreciate the time you are giving to complete this application. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. The following must be filled out completely for your application to be considered.

Name: \_\_\_\_\_  
Last First Middle

Have you ever used another name? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Other Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever used another Social Security Number? ☐ Yes ☐ No

Present Address: \_\_\_\_\_  
No. Street City State Zip

Mailing Address: \_\_\_\_\_  
(If different) No. Street City State Zip

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Desired: \_\_\_\_\_

Position applying for: \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_ Salary desired? \_\_\_\_\_

### References:

How did you hear about our company? \_\_\_\_\_

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

Name	Address	Phone	Years Known
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

## Education and Training

Name and State	Degree Obtained	Date Graduated
High School: _____	_____	_____
College/University: _____	_____	_____
Vocational/Business: _____	_____	_____

### Employment History:

List below all present and past employment, starting with your most recent employer:

Are You Employed Now? ☐ Yes ☐ No    May we contact your present employer? ☐ Yes ☐ No

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

No.	Street	City	State	Zip
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Telephone: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Earnings: Starting: \_\_\_\_\_ / Ending: \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

No.	Street	City	State	Zip
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Telephone: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Earnings: Starting: \_\_\_\_\_ / Ending: \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

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### Office: ( Do not Write Below this line )

Hire Date: \_\_\_\_\_ Hire Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_

Employee Application: _____	2 Forms ID _____	19 Completed _____
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W4 Completed _____	Employee Manual _____	MSAL Policy _____
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Food Permit _____	CPR – first Aid _____	Med Tech _____
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Background Check _____	Company Shirts (3 ) _____	Misc. _____
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