

EMPLOYMENT APPLICATION

Name (Last, First, Middle) _____

Position _____

Date _____



LIVING MEADOWS
AT LUTHER-MADELIA

503 Benzel Ave. SW | Madelia, MN 56062

Living Meadows is an Equal Opportunity Employer

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CD
TELEPHONE NO.			
PERMANENT ADDRESS	CITY	STATE	ZIP CD
CELL PHONE NO.			
HAVE YOU EVER SUSTAINED AND BEEN TREATED FOR BACK INJURIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, DATE OF INJURY _____ NAME OF DOCTOR PROVIDING TREATMENT, ADDRESS AND TELEPHONE NO. _____			
IF REQUESTED, WOULD YOU CONSENT TO A PRE-EMPLOYMENT PHYSICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____			

POSITION APPLIED FOR:	
HOW WERE YOU REFERRED TO LIVING MEADOWS?	ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL
RELATIVES OR FRIENDS EMPLOYED AT LIVING MEADOWS:	DATE AVAILABLE FOR WORK:
<input type="checkbox"/> YES <input type="checkbox"/> NO DEPARTMENT: _____ NAME(S) OF PERSON(S) _____	
HAVE YOU EVER BEEN EMPLOYED BY LIVING MEADOWS? <input type="checkbox"/> YES <input type="checkbox"/> NO (WHEN?) _____	WOULD YOU WORK ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS & HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU 19 YRS OLD OR YOUNGER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LONG RANGE OCCUPATIONAL GOALS:	
ARE YOU A U.S. CITIZEN, PERMANENT, RESIDENT, REFUGEE, ASLYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO If you require or already have a temporary authorization to work in the United States under U.S. Immigration law, will you need assistance by Living Meadows to obtain or extend your work authorization? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			9	10	11	12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Vocational Training. Business College. Other Special Courses (Include Military training, Post Graduate and Nursing)								
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS								
ARE YOU CURRENTLY <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED ELIGIBLE FOR <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSE <input type="checkbox"/> CERTIFICATION								
IF LICENSED REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.				
	TYPE	STATE ISSUED	DATE	NO.				

PREVIOUS EXPERIENCE

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY	REASON FOR LEAVING
JOB TITLE: _____					
EMPLOYER NAME ADDRESS & PHONE _____					
DESCRIBE POSITION & DUTIES _____ _____					
JOB TITLE: _____					
EMPLOYER NAME ADDRESS & PHONE _____					
DESCRIBE POSITION & DUTIES _____ _____					
JOB TITLE: _____					
EMPLOYER NAME ADDRESS & PHONE _____					
DESCRIBE POSITION & DUTIES _____ _____					
Indicate any of the above employers you do not want us to contact and why: _____					
Did you serve in the U.S. Armed Services? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch of Service _____					
Briefly describe duties and skills acquired in the service: (include dates)					
If your former employment references are under a name other than indicated on front of application please indicate below (example maiden name)					

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES			
NAME	COMPANY & ADDRESS	PRESENT TITLE	TELEPHONE

REMARKS

WE WOULD LIKE TO GET TO KNOW YOU. PLEASE MAKE ANY COMMENTS YOU FEEL ARE PERTINENT TO YOUR APPLICATION. THANK YOU.

I hereby certify that the information in this application form is true and correct and I authorize contact by Living Meadows representatives of any of the schools, former employers or other references unless otherwise stated. This is to be done for the purpose of obtaining further information and an account of their experience with me.

I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. Acceptance of employment does not bind either party for any specific period of employment.

I voluntarily give this facility the right to make a thorough investigation of my past employment and activities, agree to cooperate in such an investigation and release from all liabilities, all persons, companies and corporations supplying such information. I consent to take any pre-employment physical examination as may be required by this facility at such time and place as the facility shall designate. I also understand that my employment may be terminated for any mistreatment, misinformation of fact appearing on this application form.

Signature: _____ Date: _____

I, the applicant, understand that any employment offered to me by Living Meadows is "At-Will" and is of indefinite duration for both me and Living Meadows. Either party may terminate employment at any time. In addition, I understand that prior agreements, statements, or other such documentation contrary to this "At-Will" employment relationship will not be recognized.

_____	_____
Applicant's Signature	Date
_____	_____
Living Meadows Representative	Date

FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW.

DATE OF BIRTH: _____

REFERENCES CHECKED BY WHOM: _____

DOES THE EMPLOYEE OWE ANY COURT ORDERED CHILD SUPPORT THAT LIVING MEADOWS WILL BE REQUIRED TO WITHHOLD? YES NO

INTERVIEWER'S COMMENTS: _____

IF APPLICANT IS 19 YRS OLD OR LESS IS PROOF OF AGE ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERVIEWER'S SIGNATURE
STARTING DATE	DATE OF 90-DAY EVALUATION:
DEPARTMENT	SIGNATURE
JOB TITLE	() Full-time () Part-time () Seasonal
STARTING SALARY/GRADE	DIFFERENTIAL SHIFT EMPLOYEE NUMBER
NOTIFY IN CASE OF EMERGENCY	NAME RELATIONSHIP ADDRESS TELEPHONE