



Fine Living Care

Assisted Living Facility

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Telephone () _____

Social Security No. _____ - _____ - _____ DOB: _____

Telephone () _____

If under 18, please list age _____ DATE: _____

Days/hours available to work

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work overnights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation



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DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No

What is your means of transportation to work? _____

Driver's license number _____ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two previous employer references:

Name _____

Position _____

Company Name _____

Address _____

Telephone () _____

Name _____

Position _____

Company Name _____

Address _____

Telephone () _____

May we contact your present employer? __ Yes __ No

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____

Name of Last Supervisor _____

Address (Include State & Zip Code) _____

Employment Dates: From _____ To _____

Pay or Salary: Start _____ From _____

Your last job title _____

Reason for leaving (be specific) _____

Phone number _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

Name of employer _____

Name of Last Supervisor _____

Address (Include State & Zip Code) _____

Employment Dates: From _____ To _____

Pay or Salary: Start _____ From _____

Your last job title _____

Reason for leaving (be specific) _____

Phone number _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____
