



15439 McRae Lake, Conroe TX 77304
 Email: countrysidemanorconroe@gmail.com
 Application for Employment

Personal Information

Last Name	First Name	Middle Name	Today's Date
Street Address		City	State Zip Code
Home Phone: (____) _____ - _____		Social Security No.: _____	
Cell Phone: (____) _____ - _____		Driver's License No.: _____	
Are you able to send and receive text messages: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Birth: __/__/_____	
Email: _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Are you 18 or over? ____Yes ____No		Are you a smoker? ____Yes ____No	
How did you hear about Countryside Manor? _____			
Circle Preferences Full-Time Part-time Days Nights Evenings Weekends			Earliest Date Available to Work:
Sun Mon Tues Wed Thu Fri Sat			Desired Pay:
In case of an emergency, notify: Name: _____ Phone Number: _____ Relationship: _____			Do you have adequate means of transportation to get to work on time each day? <input type="checkbox"/> Yes <input type="checkbox"/> No
If selected for employment, are you willing to submit a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Are you a RN? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a CNA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you certified to administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------	----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

Employment History Please provide the following information for your most recent three employers.

Employer:	Dates Employed: From: _____ To: _____	Job Title:
Address:		Supervisor's Name:
Telephone No.:	Job Duties:	
Pay:		
Reason for Leaving:		
		OK to contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed: From: _____ To: _____	Job Title: Supervisor's Name:
Address:		
Telephone No.:	Job Duties: OK to contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay:		
Reason for Leaving:		
Employer:	Dates Employed: From: _____ To: _____	Job Title: Supervisor's Name:
Address:		
Telephone No.:	Job Duties: OK to contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay:		
Reason for Leaving:		
Please list 3 personal references:		
1. Name: _____	Phone: _____	Relationship: _____
2. Name: _____	Phone: _____	Relationship: _____
3. Name: _____	Phone: _____	Relationship: _____
Anything extra you would like us to know?		

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that false statements on this application shall be considered sufficient cause to terminate further review of this application and, if employed, dismissal. You are hereby authorized to conduct criminal background checks and otherwise to make any other investigation of all information set forth in this application.

Signature of Applicant

Date

Countryside Manor is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, age, sex, sexual orientation, gender identity, national origin, marital status, veteran or disability status or any other characteristic prohibited by federal, state or local law.

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	If Hired Salary:	Position: FT/PT/PRN	Start Date:
		Comments:		