

APPLICATION FOR EMPLOYMENT



At Home Senior Living of Jesup is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medication condition, national origin, or marital status.

Please fill out this application in its entirety.

PERSONAL DATA

Today's Date: _____

Last Name	First Name	Middle Initial
Address		
City	State	Zip
Email Address		Home Phone No.
Mobile Phone No.		
Are you an U.S. Citizen? Are you an alien authorized to work in the U.S.? Are you 18 years old or older? Are you a Veteran? Have you ever worked here before? Do you have a relative who works here? How did you hear about us?		

Position Applying For	Date available for employment
Income Preference	Number of hours preferred

AVAILABILITY

Please highlight your available based on the department / position you're applying for.

	SUN	MON	TUE	WED	THUR	FRI	SAT
Wellness	<input type="checkbox"/> 7a.m. – 7 p.m.	<input type="checkbox"/> 7a.m. – 7 p.m.	<input type="checkbox"/> 7a.m. – 7 p.m.	<input type="checkbox"/> 7a.m. – 7 p.m.	<input type="checkbox"/> 7a.m. – 7 p.m.	<input type="checkbox"/> 7a.m. – 7 p.m.	<input type="checkbox"/> 7a.m. – 7 p.m.
Wellness	<input type="checkbox"/> 7 p.m. – 7 a.m.	<input type="checkbox"/> 7 p.m. – 7 a.m.	<input type="checkbox"/> 7 p.m. – 7 a.m.	<input type="checkbox"/> 7 p.m. – 7 a.m.	<input type="checkbox"/> 7 p.m. – 7 a.m.	<input type="checkbox"/> 7 p.m. – 7 a.m.	<input type="checkbox"/> 7 p.m. – 7 a.m.
Dietary	<input type="checkbox"/> 6 a.m. – 2 p.m.	<input type="checkbox"/> 6 a.m. – 2 p.m.	<input type="checkbox"/> 6 a.m. – 2 p.m.	<input type="checkbox"/> 6 a.m. – 2 p.m.	<input type="checkbox"/> 6 a.m. – 2 p.m.	<input type="checkbox"/> 6 a.m. – 2 p.m.	<input type="checkbox"/> 6 a.m. – 2 p.m.
Dietary	<input type="checkbox"/> 11 a.m. – 7 p.m.	<input type="checkbox"/> 11 a.m. – 7 p.m.	<input type="checkbox"/> 11 a.m. – 7 p.m.	<input type="checkbox"/> 11 a.m. – 7 p.m.	<input type="checkbox"/> 11 a.m. – 7 p.m.	<input type="checkbox"/> 11 a.m. – 7 p.m.	<input type="checkbox"/> 11 a.m. – 7 p.m.
Maint. / H.K.	<input type="checkbox"/> 7a.m. – 3 p.m.	<input type="checkbox"/> 7a.m. – 3 p.m.	<input type="checkbox"/> 7a.m. – 3 p.m.	<input type="checkbox"/> 7a.m. – 3 p.m.	<input type="checkbox"/> 7a.m. – 3 p.m.	<input type="checkbox"/> 7a.m. – 3 p.m.	<input type="checkbox"/> 7a.m. – 3 p.m.
Activities	<input type="checkbox"/> 9 a.m. – 4 p.m.	<input type="checkbox"/> 9 a.m. – 4 p.m.	<input type="checkbox"/> 9 a.m. – 4 p.m.	<input type="checkbox"/> 9 a.m. – 4 p.m.	<input type="checkbox"/> 9 a.m. – 4 p.m.	<input type="checkbox"/> 9 a.m. – 4 p.m.	<input type="checkbox"/> 9 a.m. – 4 p.m.

Do you have dependable transportation? YES NO

Make: _____ Model: _____ Year: _____ Color: _____

DL#: _____ State: _____ Exp Date: _____

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EXPERIENCE

We would like to get to know you and your background in the senior care industry, as well as other experience you may have. Both volunteer and work experience are welcomed in this section.

Do you have any certifications relevant to the position you're applying for?
What training or experience do you have working with seniors?
What do you like most about working with seniors?
What do you like least about working with seniors?
Have you ever worked with seniors who have dementia? YES NO If yes, please share...
Other training or experience that may help you in this environment:

SKILLS

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companionship	YES	NO	Transfer / Assist	YES	NO	Empty Garbage	YES	NO
Bathing	YES	NO	Vacuuming	YES	NO	Changing Bed Linens	YES	NO
Dressing	YES	NO	Dusting	YES	NO	Checking Vitals	YES	NO
Grooming	YES	NO	Mopping	YES	NO	Dining Assistance	YES	NO
Incontinence	YES	NO	Cleaning Bathroom	YES	NO	Medication Management	YES	NO

Are there any other skills that you have picked up along the way that would be relevant in this environment?

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EMPLOYMENT HISTORY

Please begin with your most recent place of employment and work in order from there. Please go back at least five (5) years to tell us about your work history.

Current or Most Recent Place of Employment:		
[Company Name]		
Manager or HR Contact Person:	From:	To:
Phone Number:	Reason for Leaving:	
Street Address:	City	State Zip
Job Title:		
Duties:		
May we contact this employer? YES NO		
Place of Employment:		
[Company Name]		
Manager or HR Contact Person:	From:	To:
Phone Number:	Reason for Leaving:	
Street Address:	City	State Zip
Job Title:		
Duties:		
May we contact this employer? YES NO		
Place of Employment:		
[Company Name]		
Manager or HR Contact Person:	From:	To:
Phone Number:	Reason for Leaving:	
Street Address:	City	State Zip
Job Title:		
Duties:		
May we contact this employer? YES NO		

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ADDITIONAL EMPLOYMENT HISTORY

Place of Employment: [Company Name]		
Manager or HR Contact Person:	From:	To:
Phone Number:	Reason for Leaving:	
Street Address:	City	State Zip
Job Title:		
Duties:		
May we contact this employer? YES NO		
Place of Employment: [Company Name]		
Manager or HR Contact Person:	From:	To:
Phone Number:	Reason for Leaving:	
Street Address:	City	State Zip
Job Title:		
Duties:		
May we contact this employer? YES NO		

EDUCATION DATA

	Name of School	Degree Earned	Course of Study
High School			
College			
Other			

CRIMINAL BACKGROUND

Have you ever been convicted of a crime? YES NO	If yes, please explain:

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PROFESSIONAL REFERENCES

Name	Company No. of years	Phone	Email
Name	Company No. of years	Phone	Email
Name	Company No. of years	Phone	Email

PERSONAL REFERENCES

Name	Relation No. of years	Phone	Email
Name	Relation No. of years	Phone	Email
Name	Relation No. of years	Phone	Email

CERTIFICATE AND RELEASE

I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorized the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. Company policy requires submitting to drug testing to detect the use of illegal drugs prior to and during employment. I understand that I am required to abide by all rules and regulations set forth by the employer. I also understand that if hired, I will be an at-will employee meaning both parties have the right to terminate employment at any time.

Applicant's Signature

Date

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INTERVIEW NOTES / DOCUMENTATION

THIS SECTION IS TO BE COMPLETED BY AHSL PERSONNEL ONLY	
Initial Interview Completed by:	Date:
Interview Questionnaire Completed: <input type="checkbox"/> Initial Wellness <input type="checkbox"/> Initial Dietary <input type="checkbox"/> Initial Maint / H.K. <input type="checkbox"/> Initial Activities [Completed questionnaire must be attached to this packet] <input type="checkbox"/> Initial Admin <input type="checkbox"/> Initial Management	
Comments: _____	

Recommend for second interview? YES NO	
THIS SECTION IS TO BE COMPLETED BY AHSL PERSONNEL ONLY	
Second Interview Completed by:	Date:
Interview Questionnaire Completed: <input type="checkbox"/> 2 nd Wellness <input type="checkbox"/> 2 nd Dietary <input type="checkbox"/> 2 nd Maint / H.K. <input type="checkbox"/> 2 nd Activities [Completed questionnaire must be attached to this packet] <input type="checkbox"/> 2 nd Admin <input type="checkbox"/> 2 nd Management	
Comments: _____	

THE FOLLOWING QUALIFIERS MUST BE COMPLETED BEFORE HIRE	
All Professional References Verified & Responded? YES NO	
Information forwarded to Business Office for Preliminary Check? YES NO	
Recommend for Hire, Rate of Pay, Availability & Start Date discussed with Executive Director? YES NO	
THIS SECTION IS TO BE COMPLETED BY AHSL PERSONNEL ONLY	
FINAL DECISION: <input type="checkbox"/> Recommended For Hire <input type="checkbox"/> Not Recommended For Hire	
Position:	Rate of Pay:
Direct Supervisor:	Start Date:
Final Interview / New Hire Check List	
<input type="checkbox"/> Received a Copy of & Understands Complete Job Description	
<input type="checkbox"/> Received a Copy of & Understands AHSL Code of Conduct	
Comments: _____	

Executive Director's Signature

Date