



# Application for Employment

Position You Are Applying For \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Desired Salary \_\_\_\_\_

## PERSONAL INFORMATION

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If selected for employment are you willing to submit to a pre-employment drug screening test? ☐ Yes ☐ No

## EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

## EMPLOYMENT

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ to \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Duties Performed: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them? ☐ Yes ☐ No

## REFERENCES

Name	Title	Company	Phone

## Acknowledgement and Authorization

☐ I certify that all answers given herein are true and complete to the best of my knowledge.

☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

The relationship between you and the Midsouth Happy Living is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Midsouth Happy Living. No representative of Midsouth Happy Living has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

# Midsouth Happy Living, LLC

## Credentials Checklist

- \_\_\_ Driver's license
- \_\_\_ Social Security Card
- \_\_\_ Resume
- \_\_\_ Diploma/GED
- \_\_\_ CPR/First Aid
- \_\_\_ TB Skin Test/Chest X-Ray
- \_\_\_ Physical/History
- \_\_\_ Background Check (Mississippi)
- \_\_\_ Auto Insurance
- \_\_\_ COVID-19 Vaccine (Optional)
- \_\_\_ PCA Test Transcript or CNA License

Please email everything at once to  
[midsouthhappyliving@yahoo.com](mailto:midsouthhappyliving@yahoo.com).