

# APPLICATION FOR EMPLOYMENT

POSITION APPLING FOR \_\_\_\_\_ Date \_\_\_\_\_

## Personal Information:

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

Any Maiden / Alias / Previous Name(s) \_\_\_\_\_  
(Please indicate 'N/A' if not any)

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

Telephone ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_  
(Area code + number)

Are you at least 18 years of age? \_\_\_\_\_yes \_\_\_\_\_no

Shift you can work: \_\_\_\_\_Day \_\_\_\_\_Evening \_\_\_\_\_Nights

Hours desired: \_\_\_\_\_Full Time \_\_\_\_\_Part Time \_\_\_\_\_PRN / Pay Expected \_\_\_\_\_

Have you ever applied for employment with us before? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, Month/Year \_\_\_\_\_

Have you ever been employed by Garden View Care Center before? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, Month/Year employed \_\_\_\_\_

I \_\_\_\_\_ in accordance with the provisions of Missouri law (660.317.5) disclose that I have a criminal history (convicted of a crime) in Missouri, \_\_\_\_\_yes \_\_\_\_\_no.

\_\_\_\_\_ I have lived in the following states in the United States:  
\_\_\_\_\_

\_\_\_\_\_ I have a criminal history in the following states:  
\_\_\_\_\_

\_\_\_\_\_ I have no criminal history in any state in United States.

Referred By: (employee, indeed, walk-in, other-please specify)  
\_\_\_\_\_

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## EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

May we contact? \_\_\_\_\_ yes \_\_\_\_\_ no Reason \_\_\_\_\_

Employed (month/year) - From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

May we contact? \_\_\_\_\_ yes \_\_\_\_\_ no Reason \_\_\_\_\_

Employed (month/year) - From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

May we contact? \_\_\_\_\_ yes \_\_\_\_\_ no Reason \_\_\_\_\_

Employed (month/year) - From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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## EDUCATION

College \_\_\_\_\_

*Did you graduate?* \_\_\_\_\_ *Degree/Diploma* \_\_\_\_\_

Trade or Technical School \_\_\_\_\_

*Did you graduate?* \_\_\_\_\_ *Degree/Diploma* \_\_\_\_\_

High School \_\_\_\_\_

*Did you graduate?* \_\_\_\_\_ *Degree/Diploma* \_\_\_\_\_

Military: Did you serve in the U.S. Armed Forces? \_\_\_\_\_ yes \_\_\_\_\_ no

*If yes, in what branch?* \_\_\_\_\_

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The information provided in this application for employment is true, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Your signature provides consent to Garden View to verify all references on page two of this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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FOR DEPARTMENT HEAD USE ONLY

Salary \_\_\_\_\_ Shift \_\_\_\_\_

FOR OFFICE USE ONLY

Orientation Date \_\_\_\_\_ Time \_\_\_\_\_

MHCA Background check done on \_\_\_\_\_

Listed on E.D.L.  
Conf # \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_

CNA/CMT in good standing? Yes \_\_\_/No \_\_\_

LPN/RN in good Standing? Yes \_\_\_/No \_\_\_  
Date \_\_\_\_\_ Initials \_\_\_\_\_ applied for \_\_\_\_\_

Found on OIG Exclusions List?

Yes \_\_\_\_\_ / No \_\_\_\_\_  
Date \_\_\_\_\_ / Initials \_\_\_\_\_

Family Care Safety Registration?

Yes \_\_\_\_\_ / No \_\_\_\_\_  
Date \_\_\_\_\_ / Initials \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

WITNESS

DATE

# APPLICATION FOR EMPLOYMENT



## REQUEST FOR INFORMATION

\_\_\_\_\_  
COMPANY NAME AND PHONE NUMBER

I HAVE APPLIED FOR EMPLOYMENT WITH GARDEN VIEW CARE CENTER, AND I DESIRE THAT THEY BE ADVISED OF MY RECORD WITH PRIOR EMPLOYERS.

I, THEREFORE, REQUEST THAT YOU FURNISH THE FOLLOWING INFORMATION.

WHILE EMPLOYED WITH YOU I USED THE NAME: \_\_\_\_\_

MY DATES OF EMPLOYMENT WERE FROM \_\_\_\_\_ TO \_\_\_\_\_

MY SOCIAL SECURITY # \_\_\_\_\_

ELIGIBLE FOR REHIRE? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**Please sign and date only.**



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