



Employment Application

PLEASE PRINT

Date Completed: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Driver's License Number: _____ State Issued: _____

How did you hear about this position? _____

Position applying for? _____

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []

Are you over the age of 18 years? YES [] NO []

Have you ever been convicted of a felony or a misdemeanor within the last seven years? YES [] NO [] If yes, please explain: (A conviction will not necessarily result in the denial of employment)

Have you ever worked for any SAL Management Community before? YES [] NO []

If yes, when? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work at any SAL Management Communities? YES [] NO [] If yes, who, and in which area do they work?

Have you ever done any volunteer work? YES [] NO [] If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities)

Are you available to work: DAYS [] EVENINGS [] NIGHTS [] WEEKENDS [] FULL TIME [] PART-TIME []
Please explain below what schedule works best for you:

Would you be willing to work as relief for 2 or 3 days at a time until assigned full-time? _____

Please list the hours you would be available to work each day in the spaces provided below.

<u>Day</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
From:							
To:							

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO [] If presently employed, why are you considering leaving?

Account for any for any gaps in work history that you were not working:

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

Employer #1

From:	To:	Employer Name:	Telephone: ()
Job Title:	Address:	Immediate supervisor and title:	
Hourly Rate/Salary:	Reason for leaving:	Summarize job duties and responsibilities:	

Employer #2

From:	To:	Employer Name:	Telephone: ()
Job Title:	Address:	Immediate supervisor and title:	
Hourly Rate/Salary:	Reason for leaving:	Summarize job duties and responsibilities:	

Employer #3

From:	To:	Employer Name:	Telephone: ()
Job Title:	Address:	Immediate supervisor and title:	
Hourly Rate/Salary:	Reason for leaving:	Summarize job duties and responsibilities:	

Employer #4

From:	To:	Employer Name:	Telephone: ()
Job Title:	Address:	Immediate supervisor and title:	
Hourly Rate/Salary:	Reason for leaving:	Summarize job duties and responsibilities:	

Employer #5

From:	To:	Employer Name:	Telephone: ()
Job Title:	Address:	Immediate supervisor and title:	
Hourly Rate/Salary:	Reason for leaving:	Summarize job duties and responsibilities:	

Employer #6

From:	To:	Employer Name:	Telephone: ()
Job Title:	Address:	Immediate supervisor and title:	
Hourly Rate/Salary:	Reason for leaving:	Summarize job duties and responsibilities:	

Place a check in each area where you have training or experience:

Bathing/Showering___ Dressing___ Alzheimer's/Dementia___ Transferring___ Toileting___ Transferring___
 Feeding___ Parkinson's___ Toileting___ Incontinence___ Stroke___ Ambulating___ O2 Machines___
 Heart Conditions___ Feeding Tubes___ Shaving___ Cancers___ Oral Hygiene___ Turn in Bed___ Diabetes___
 Blood Pressure___ Medications___ Hospice___ Food Preparation___ Vacuuming___ Dusting___ Making Beds___
 Laundry___ Physical Therapy___ Transportation___ Other_____

How long have you worked professionally in Health Care? _____ Nursing/Rehab Facilities _____ Private Duty _____

List any current certifications that you possess and expiration dates: _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

Computer Skills (please describe): _____

REFERENCES Give the names of three professional references not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Education	Name and Location of School	# of yrs Attended	Degree Received	Subject studied/Major
High School				
University or College				
Trade, Business or Technical School				

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, OR DISABILITIES

IMPORTANT, PLEASE READ AND SIGN

By signing this application I agree to voluntarily submit to any drug and/or alcohol screening requested by SAL Management at any time before or during my employment.

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this application for employment can be grounds for termination from the company or its subsidiaries. I understand that if I am hired, I acknowledge that my employment is at-will and my employment is for no definite time and may be terminated at any time without prior notice.

Signature: _____ Date: _____