



APPLEGATE ASSISTED LIVING Inc.

Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: () Best time to call: Cell # () Best time to call:

Date Available: Social Security No.: Date of birth

Position Applied for: Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO Have you ever worked for this company? YES NO If yes, when? Have you ever been convicted of a felony? YES NO

If yes, explain: Are you familiar with assisted living?

Will you travel if the job requires? Will you work overtime if required?

Will you transport residents in your vehicle? If yes, do you have car insurance?

Are you willing to consent to a background check?

Are you willing to consent to a random drug test?

Do you possess a current Nursing or Medical License? - CNA MA LPN RN Other

Do you have a current CPR-First Aid card? Have you taken the Medication Assistance License?

What job positions will you accept? Full Time Part Time Temporary

What job shifts will you accept? Day Shift(6am-2pm) : Swing Shift(2pm-10pm) : Night Shift(10pm-6am)

Education

High School: Address: From: To: Did you graduate? YES NO Degree:

College: Address: From: To: Did you graduate? YES NO Degree:

Other: Address: From: To: Did you graduate? YES NO Degree:

Special Qualifications, skills, languages pertaining to Care giving/Elderly Care/Assisted Living:

Do you have any license/certificate pertaining to Assisted Living?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please Complete Application and return to Applegate Assisted Living Inc. in person.

**1541 East 4250 North
Buhl, ID 83316**