

Carlin House Assisted Living
APPLICATION FOR EMPLOYMENT



This application will be held on file for one year.

APPLICANT INFORMATION (PLEASE WRITE NEATLY AND LEGIBLY)									
Last Name			First Name			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
*Phone		*Secondary:			Email Address				
Date Available		Social Security No. (SSN)			- -		Desired Salary		\$_____.
Position Applying for									
Have you been you a resident of Ohio for at least 5 years?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a law violation(s), including moving traffic violation(s), but excluding offenses committed before your eighteenth (18) birthday?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
If you've previously used an alternate name (other than listed above), please provide:									
EDUCATION									
What was the highest grade completed? (Please Circle) 1 2 3 4 5 6 7 8 9 10 11 12									
How many years of post-high school education have you completed? (Please Circle) 1 2 3 4 5 6 7 8 9 10 11 12									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
* If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:									
List additional information you feel would help evaluate your employment application:									
List office equipment with which you are familiar:									
List any licenses/certificates that you hold which are required for a position:									
REFERENCES									
** Please list three (3) professional references (whom are non-relatives)									
Full Name					Relationship		Years Known:		
Address					Phone		() -		
Full Name					Relationship		Years Known:		
Address					Phone		() -		
Full Name					Relationship		Years Known:		
Address					Phone		() -		

PREVIOUS EMPLOYMENT / EXPERIENCE (USE ADDITIONAL FORMS IF NECESSARY *BEGIN WITH MOST RECENT)							
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor/employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	—This section has been intentionally left blank—	
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor/employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	—This section has been intentionally left blank—	
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving:			
May we contact your previous supervisor/employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	—This section has been intentionally left blank—	

*(OPTIONAL – NOT REQUIRED) - MILITARY SERVICE (IF APPLICABLE. SKIP THIS SECTION IF THIS DOES NOT APPLY)						
Branch:			From:		To:	
Rank at Discharge:						

MISCELLANEOUS – (CIRCLE APPROPRIATE ANSWER UNLESS OTHERWISE DIRECTED)						
Which shift are you willing to work? DAY EVENING NIGHT			Which employment status are you seeking?		FULL-TIME PART-TIME ON-CALL	
Are you legally able to work in the United States? YES NO			When are you able to start work? (provide date):			
How did you hear about this opportunity? (please provide name of individual if applicable):						

DISCLAIMER, CERTIFICATION, AND SIGNATURE		
<p>CERTIFICATION – I hereby certify that all of the information I have provided is true and complete. I agree and understand that any falsification of information herein regardless of time of discovery, may cause forfeiture on my part to any employment with the company. I understand that employment is for no definite period and may be terminated at any time by the employer. I understand that all information on this employment application is subject to verification. I consent to references of former employers and educational institutions listed being contacted regarding this employment application. Should I be considered for employment, I consent to database web checks per the regulations as a pre-requisite to pre-employment requirements.</p>		
Applicant's Signature	X	Date Signed X ____ / ____ / ____



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“An Eriksten Owned & Operated Community”



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