

# COMMONWEALTH ASSISTED LIVING

## Application for Employment

Date: \_\_\_\_\_

NAME Please PRINT or TYPE Last Name, First Name and Middle Initial		Social Security Number			
ADDRESS Street, City, State and Zip		MESSAGE#	Telephone number (home)		
Permanent forwarding Address (if different from above or PO Box)		PAGER#	CELL phone number		
Are you lawfully entitled to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO    If not a citizen or permanent resident, VISA type: Are you presently 18 years old or over? <input type="checkbox"/> YES <input type="checkbox"/> NO    If no, do you have a work permit? Have you previously worked at this company? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, when? _____ to _____					
Relatives employed here (if any)					
Position desired	Date Available	Referred by	Expected Salary		
Check appropriate box for type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 1st Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Activities <input type="checkbox"/> PRN <input type="checkbox"/> Volunteer <input type="checkbox"/> 2nd Shift <input type="checkbox"/> Dietary <input type="checkbox"/> Office <input type="checkbox"/> 3rd Shift <input type="checkbox"/> Maintenance <input type="checkbox"/> Nurse					
Circle last education level completed HIGH SCHOOL 9 10 11 12    GED    TRADE SCHOOL 1 2 3 4    COLLEGE 1 2 3 4    POST GRADUATE 1 2 3 4					
If you attended school using a different name, list it here:					
High School/Trade School	Location	Dates From-To	Major/Focus	GPA	Degree/Units
College/Trade School					
Vocational and/or professional information (i.e., research projects, thesis subject, publications, patents, seminar, job related hobbies, volunteer work.) NOTE: Do not list courses taken towards degree or diploma.					
Job related tools, machines and equipment you can operate.					
<input type="checkbox"/> CNA	<input type="checkbox"/> GNA	<input type="checkbox"/> RN/LPN	<input type="checkbox"/> First Aid	<input type="checkbox"/> Computer	<input type="checkbox"/> Filing
<input type="checkbox"/> NA	<input type="checkbox"/> MED AIDE	<input type="checkbox"/> Current CPR	<input type="checkbox"/> Hoyer Lift	<input type="checkbox"/> Fax/Copier	<input type="checkbox"/> Multi-Line Phone

**NAME** \_\_\_\_\_

List work experience including military beginning with present or last position (attach additional sheet if necessary)

<b>1)</b> Company Name (most recent or present employer)		Telephone ( )	Employment Dates From to
Address (street, city, state, ZIP code)		Starting Hourly Rate \$ per	
Your Job Title	Supervisor: Name _____ Title _____	Final Hourly Rate \$ per	
Reason for leaving		Other Compensation \$ per	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if hired		Date of last pay increase	
Your responsibilities / accomplishments <input type="checkbox"/> see resume			

<b>2)</b> Company Name (most recent or present employer)		Telephone ( )	Employment Dates From to
Address (street, city, state, ZIP code)		Starting Hourly Rate \$ per	
Your Job Title	Supervisor: Name _____ Title _____	Final Hourly Rate \$ per	
Reason for leaving		Other Compensation \$ per	
Your responsibilities / accomplishments <input type="checkbox"/> see resume			

<b>3)</b> Company Name (most recent or present employer)		Telephone ( )	Employment Dates From to
Address (street, city, state, ZIP code)		Starting Hourly Rate \$ per	
Your Job Title	Supervisor: Name _____ Title _____	Final Hourly Rate \$ per	
Reason for leaving		Other Compensation \$ per	
Your responsibilities / accomplishments <input type="checkbox"/> see resume			

<b>4)</b> Company Name (most recent or present employer)		Telephone ( )	Employment Dates From to
Address (street, city, state, ZIP code)		Starting Hourly Rate \$ per	
Your Job Title	Supervisor: Name _____ Title _____	Final Hourly Rate \$ per	
Reason for leaving		Other Compensation \$ per	
Your responsibilities / accomplishments <input type="checkbox"/> see resume			

Please list 3 persons (not including relatives or supervisors already listed) best able to comment on your work experience.

NAME	TITLE	COMPANY	TELEPHONE

I certify this information is true, complete, and I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date