

Countryside Living
Independent & Assisted Living Facility
Application for Employment

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name (First, Last)			Date of Application	
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Social Security Number				
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

Education

School Name	Location	Years Attended	Degree Received	Major

Additional Training:

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title			Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Reason for leaving	
Address	City		State	Zip
Employer (2)	Job Title			Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Reason for leaving	
Address	City		State	Zip
Employer (3)	Job Title			Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate	Reason for leaving	
Address	City		State	Zip

Signature Disclaimer

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.

Name (Please Print)	Date
Signature	