COLLINWOOD MEMORY CARE
JOB APPLICATION

Today's Date _____

Name _____ SS number _____
Address_____ State_____
Zip Code_____ Phone_____ Are you at least 18? _____
Cell phone: _____ email: _____

Do you have any impairments: physical, mental, or medical which would interfere with your ability to do the job for which you are applying? _____Y _____N
If yes please explain: _____

In the position you are applying for you may need to lift heavy weights, are you able to lift 50 pounds? ____Y ____N Have you been employed here before? __Y ___N

Are you able to read, write, understand and speak fluently the English? ___Y___N

Do you have any contagious or communicable diseases? ____Y ___N. If yes please explain:_____

Have you ever been convicted of a crime? ___Y ___N. If yes please explain: _____
_____
(A conviction will not necessarily disqualify you from employment; it will only be considered if it relates to the position)

If at current address less than 3 years, list previous addresses: _____
_____

Do you have certificates in any of the following: Standard Precautions_____
Fire Safety _____First Aid w/choking _____ Medications_____ CNA_____

Shift preference: 1st shift ___ (12 hours) 2nd shift____ (12 hours)
Full-time ___ Part-time ___ Short Shift_____5-8 hrs)

Are you willing to work outside of your normal work hours (such as filling in for co-workers), and work overtime? ___Y ___N
Reasons for no._____

Date you can start._____ Wage expected _____

Are you currently employed? ____Y ____N. May we contact you at work? _____
May we contact your current employer? ____Y ___N

Why do you want to work with the elderly and or the disabled?

EDUCATIONAL BACKGROUND

HIGH SCHOOL COLLEGE/UNIVERSITY GRADUATE

School Name

Location

Years Completed 9 10 11 12 1 2 3 4 1 2 3 4

Diploma/Degree describe course of study

Describe specialized training, skills, and extra-curricular activities

Honors received

Who should we contact in case of emergency? _____
Phone_____ Relationship _____

EMPLOYMENT EXPERIENCE

List most recent employer first:

Employer Address/phone Dates Reason for Leaving

PERSONAL REFERENCES

Not relatives or former employers:

NAME ADDRESS PHONE

COMPANY STATEMENT

All applicants will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition, handicap or any other status protected by law. We are an equal opportunity employer.

APPLICANTS STATEMENT:

I hereby give Collinwood permission to contact the above-mentioned employers, references and educational institutions to verify the items listed above. I hereby release the referenced organizations, references and employers from all claims, liability and damages that may result from furnishing the information to you. I also give USUS Limited Co. dba Collinwood Memory Care permission to review my criminal record, if any, from law enforcement officials. I understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application to the Department of Health and Family Services licensing officials. I further understand that any dishonest answers on this application or in subsequent interviews are grounds for or may result in immediate dismissal.

I understand my employment is at will and for no definite period, and that either party is free to terminate the employment relationship without cause or notice at any time. ***I further understand that if I do not remain employed for a period of one year after all training is completed, that I must re-pay the company for all portable training. That cost will be deducted from my final check.***

I understand that I am to abide by all rules and regulations of the company.

I understand I am to provide the company with a statement that I am free of communicable diseases prior to employment, and annually thereafter as required by state law.

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

Date_____ Applicants Signature _____

_____

OFFICE USE ONLY

Hire Date:_____

Birthdate:_____

Interviewed By:_____ Second Interview:___Y_____N

Position:_____ Salary:_____

Orientation Date:_____ Part- time _____Full-time_____

Shift:_____