



# APPLICATION FOR EMPLOYMENT

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(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ALT PHONE NO.

ARE YOU 18 YEARS OR OLDER? YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES  NO

**EMPLOYMENT DESIRED**

Position

Date you can start?

Are you employed now?

If so may we inquire of your present employer?

Ever applied to this company before?

Where?

When?

Referred By:

Do you have any of the following:

C.N.A.  FIRST AID  CPR  TB Test  FOOD HANDLERS

Please mark all availability:

Mornings  Evenings  Graveyards  Full Time  Part Time  Both (FT or PT)

Are you available for weekends? YES  NO

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

U.S. MILITARY OR NAVAL SERVICE

RANK

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM TO					
FROM TO					
FROM TO					
FROM TO					

WHICH DID OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

IN CASE OF AN EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED:  YES  NO \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: \_\_\_\_\_

*Employment Questionnaire*

- 1. What do you know about Alzheimer's?***
- 2. What would you do if a resident was resisting care?***
- 3. If a resident cannot express their needs, how would you know what they want?***
- 4. Name one of your strengths? And why?***
- 5. Name one of your weaknesses? And why?***
- 6. What does it mean to be a team player?***
- 7. What does quality of life mean to you?***
- 8. How can you make a resident's life better?***
- 9. Why do you want to work here?***
- 10. Why should we hire you?***