

# APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

***(PLEASE PRINT)***

Position(s) Applied For	Date of Application
How Did You Learn About Us? Advertisement Employment Agency Friend	Relative Walk-in Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

- Are you legally eligible to work in the U.S.?       Yes       No
- Have you ever filed an application with us before?       Yes       No
- If Yes, give date \_\_\_\_\_
- Have you ever been employed with us before?       Yes       No
- If Yes, give date \_\_\_\_\_
- Are you currently employed?       Yes       No
- May we contact your present employer?       Yes       No
- Are you 16 years of age or older?       Yes       No

Do you possess a valid Driver's License ?  Yes  No

On what date would you be available for work?

Are you available to work?  Full Time  Eve Shift  Night Shift  
 Part Time  Temporary

Have you been convicted of a felony or charged with Domestic Abuse or any crime involving violence?  Yes  No

Have you even been arrested, charged, or convicted of a crime other than a minor traffic offense?  Yes  No

**NOTE:** The fact that an arrest, conviction, or adjudication occurred as a juvenile or through juvenile court authorities, or has been previously pardoned, expunged, dismissed or that your civil rights have been restored, **does not** mean that you can answer this question "NO."

## **EMPLOYMENT EXPERIENCE**

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you have no work experience, list 2 references with people who know you that have supervising experience i.e. teacher, parent you babysat for, etc.

Employer		Dates Employed		WORK PERFORMED
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	
Reason for Leaving				

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Please Explain gaps in Employment History.

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<p>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</p> <p>Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities in the job or occupation for which you have applied? A description of the Activities involved in such a job or occupation is attached.</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
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## References:

1.	Name	Phone #
	Address	
2.	Name	Phone #
	Address	
3.	Name	Phone #
	Address	

## Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 11 12 GED

COLLEGE/TRADE SCHOOL NAME AND ADDRESS	MAJOR SUBJECTS OR DEGREES	DATES FROM TO	GRADUATE YES NO
1.			
2.			
3.			

Professional or Technical License Held:

Type \_\_\_\_\_ License # \_\_\_\_\_ Renew # \_\_\_\_\_  
 State \_\_\_\_\_ Expires \_\_\_\_\_

Type \_\_\_\_\_ License # \_\_\_\_\_ Renew # \_\_\_\_\_  
 State \_\_\_\_\_ Expires \_\_\_\_\_

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## **Additional Information:**

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that:

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from employment.

It is my understanding that Marian Manor will make an investigation of my work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Marian Manor and I release from liability any person giving or receiving any such information. I understand that falsification of data so given other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I agree that my employment be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locked that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that Marian Manor can change wages, benefits and conditions at any time.

I have read and understand the above.

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Signature

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Date

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MARIAN MANOR HEALTHCARE CENTER  
604 ASH AVE EAST  
GLEN ULLIN, ND 58631  
(701) 348-3107  
APPLICATION REFERENCE

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Marian Manor HealthCare Center Contact

Person Name/Title: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_ has applied for the position of \_\_\_\_\_ with the Marian Manor HealthCare Center and has given permission (see below) to contact you regarding his/her employment/reference with you/your organization. Complete frankness in response to the questions will be appreciated.

The above applicant was employed from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Employment Status:  Full  Part  Casual  Temporary

Reason for Separation: \_\_\_\_\_

Would you re-employ?  Yes  No

Quality of Work:  Excellent  Good  Average  Fair

Ability to Work with others:  Excellent  Good  Average  Fair

Attendance/Punctuality:  Good  Fair  Poor

Personal Appearance:  Excellent  Good  Average  Fair

Dependability:  Excellent  Good  Average  Fair

Would you recommend the applicant for the position applied for?  Yes  No

Please use the other side for additional comments.

Signed/Position \_\_\_\_\_ Date \_\_\_\_\_

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*~APPLICANT PLEASE FILL OUT BOTTOM SECTION ONLY~*

REFERENCE INFORMATION WAIVER

I, \_\_\_\_\_, have applied to the Marian Manor HealthCare Center for employment consideration. In order that they may better evaluate my qualifications, I wish that they be fully advertised of my record with you.

I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_

Please return this reference via fax at 701-348-3080 or the above address. Thank You.

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604 ASH AVE EAST  
GLEN ULLIN, ND 58631  
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APPLICATION REFERENCE

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