

Maple Woods Assisted Living
Employment Application
40170 County Rd 257
Cohasset, MN 55721
218-999-9072

Application are considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

Personal Information:

PCA ___ LPN ___ RN ___ Other _____

Date: _____ Available Start Date: _____

___ Full-Time ___ Part-Time ___ Casual

Preferred Shift: ___ Days ___ Evenings ___ Nights

Name:

Address:

Phone Number: Home _____ Cell _____

Requirement for the background study: Have you ever been convicted of or charged with a felony or misdemeanor _____ yes _____ no. If yes, please explain details in full, including dates, city/state, details of offense(s) charged, jurisdiction and disposition of case:

Summarize your special skills or qualifications:

Employment/Work Experience: (most recent employer first)

Employer: _____

Job Title: _____

Supervisor: _____ Phone: () _____

Street Address: _____

City/State/Zip Code: _____

Describe duties/responsibilities/accomplishments:

Reason for Leaving: _____

Dates of Employment (month/year) from _____ to _____

May we contact employer ___ yes ___ no

Employer: _____

Job Title: _____

Supervisor: _____ Phone: () _____

Street Address: _____

City/State/Zip Code: _____

Describe duties/responsibilities/accomplishments:

Reason for Leaving: _____

Dates of Employment (month/year) from _____ to _____

May we contact employer ___ yes ___ no

Employer: _____
Job Title: _____
Supervisor: _____ Phone: () _____
Street Address: _____
City/State/Zip Code: _____
Describe duties/responsibilities/accomplishments:

Reason for Leaving: _____
Dates of Employment (month/year) from _____ to _____

May we contact employer ___yes___no

Personal References:

Please provide names, address, phone number, relationship and how long known.

Name: _____
Relationship: _____ years known: _____
Phone: () _____
Street Address: _____
City, State, and Zip code: _____

Name: _____
Relationship: _____ years known: _____
Phone: () _____
Street Address: _____
City, State, and Zip code: _____

Name: _____
Relationship: _____ years known: _____
Phone: () _____
Street Address: _____
City, State, and Zip code: _____

Education:

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

| School Type | School Name | City, State | Major/ Subject | # Years Attended | Did you Graduate |
|----------------------|--------------------|--------------------|-----------------------|-------------------------|-------------------------|
| High School | | | | | Y / N |
| Vocational/Technical | | | | | Y / N |
| College/University | | | | | Y / N |

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signature of applicant: _____ Date: _____