

POSITION APPLYING FOR: _____

NAME: _____

APPLICATION FOR EMPLOYMENT

SENIOR CARE - WOODBURY, LLC

dba/

**WOODBURY ESTATES
WOODBURY HEALTH CARE CENTER
WOODBURY VILLA**

**7012 Lake Road
Woodbury, MN 55125
Fax# 651-735-0075**

APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, marital status, sexual orientation, status with regard to public assistance, military/veterans status or any other protected classes as defined by law.

NAME (Last, First, MI) SOCIAL SECURITY NUMBER

ADDRESS (STREET #/PO BOX, CITY, STATE, ZIP)

TELEPHONE NUMBER EMERGENCY CONTACT/NUMBER

Position Applying For: _____ Date: _____

Best time to contact you at home: _____ / _____ am/pm

Do any friends/relatives work here? YES NO

If YES, state name, relationship, and location: _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you legally eligible for employment in the United States? YES NO

Proof of citizenship or Immigration status will be required upon request

Date available for work: _____

What is your desired pay range: _____

Are you available to work:

Full Time (Indicate Shift)	DAYS	EVENINGS	NIGHTS
Part Time (Indicate Shift)	DAYS	EVENINGS	NIGHTS
Temporary (Indicate dates available)	_____		

Are you currently on "LAY-OFF" status and subject to recall? YES NO

EDUCATION

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Describe any specialized training, apprenticeship, and skills: _____

ADDITIONAL INFORMATION

Other qualifications (Summarize special job-related skills and qualifications acquired from employment or any other experience)

WORK EXPERIENCE (Start with you present job or last job. Include any job-related military service. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.)

Company Name _____ Telephone _____

Address (Street Number/ PO Box, City, State, Zip) _____ Employed (MM/DD/YY) _____

Name of Supervisor _____ Hourly Rate/Salary _____

May we contact your present employer? (Circle One) YES NO

Person to contact for reference _____

Describe work preformed _____

Reason for leaving _____

Company Name _____ Telephone _____

Address (Street Number/ PO Box, City, State, Zip) _____ Employed (MM/DD/YY) _____

Name of Supervisor _____ Hourly Rate/Salary _____

May we contact your present employer? (Circle One) YES NO

Person to contact for reference _____

Describe work preformed _____

Reason for leaving _____

Company Name _____ Telephone _____

Address (Street Number/ PO Box, City, State, Zip) _____ Employed (MM/DD/YY) _____

Name of Supervisor _____ Hourly Rate/Salary _____

May we contact your present employer? (Circle One) YES NO

Person to contact for reference _____

Describe work preformed _____

Reason for leaving _____

Company Name _____ Telephone _____

Address (Street Number/ PO Box, City, State, Zip) _____ Employed (MM/DD/YY) _____

Name of Supervisor _____ Hourly Rate/Salary _____

May we contact your present employer? (Circle One) YES NO

Person to contact for reference _____

Describe work preformed _____

Reason for leaving _____

APPLICANTS STATEMENT

I certify that the answers provided in this application are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the facility retains the same right. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that this application is not a contract of employment; that if hired, regardless of any oral representations to the contrary.

In signing this application, I state that I have received a copy of the Job Description and Essential Functions for all jobs for which I have applied. I understand that failure to fulfill any aspect of the job may be grounds for termination. I also understand I may be required to pass an agility test. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE