



**BLUE LAKES**  
*Assisted Living*  
 More than a CARE HOME  
**WE ARE FAMILY**

# Employment Application

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

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PERSONAL INFORMATION**

Name (Last, First, Middle)	Home Phone Number
Address	Cell Phone Number
City/State/Zip	E-mail
Social Security Number	How Long at this Address
Are you legally eligible for employment in the U.S.? [ ] YES [ ] NO	Are you 21 yr of age? [ ] YES [ ] NO
Have you been convicted of a crime? [ ] YES [ ] NO If Yes, list convictions that are a matter of public record.	

**EMPLOYMENT DESIRED**

Position Desired	Date you can start	Wage Desired
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**SCHEDULE AVAILABILITY**

Seeking:	_____ Full Time	_____ Part Time	_____ On Call	_____ Hours per Week
Available to Work:	_____ Days 6am/2pm	_____ Evenings 2pm/10pm	_____ Nights 10pm/6am	_____ Weekends _____ Holidays

6am 2pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2pm 10pm							
10pm 6am							

DO YOU HAVE A DRIVER'S LICENSE? [ ] Yes [ ] No

What is your means of transportation to work? \_\_\_\_\_

**EMPLOYMENT RECORD** List below your most recent three employers, starting with the most recent one first.

Are you currently employed?  YES  NO

<b>EMPLOYER</b>	<b>EMPLOYMENT DATES</b>	<b>HOURLY WAGE OR SALARY</b>	<b>POSITION</b>
1. Name	From _____ To _____	Starting_____ Ending_____ Hours per Week_____	Title
Address	Reason for leaving	Duties Performed	
	Supervisor's Name	Phone Number	My We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name	From _____ To _____	Starting_____ Ending_____ Hours per Week_____	Title
Address	Reason for leaving	Duties Performed	
	Supervisor's Name	Phone Number	My We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name	From _____ To _____	Starting_____ Ending_____ Hours per Week_____	Title
Address	Reason for leaving	Duties Performed	
	Supervisor's Name	Phone Number	My We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
List and describe periods of unemployment of more than 60 days.			

**EDUCATION**

<b>NAME AND LOCATION OF SCHOOL</b>	<b>YEARS COMPLETED</b>	<b>GRADUATED? (YES/NO)</b>	<b>DEGREE RECEIVED</b>
High School			
College			

**SPECIAL TRAINING**

<b>CLASSES AND LOCATION</b>	<b>DATE RECEIVED</b>	<b>DATE EXPIRED</b>	<b>COMMENTS (Office Use)</b>
Caregiver Certificate			
CPR			
First Aid			
TB Test			
Finger Print Card			

**PROFESSIONAL REFERENCES** Please provide the names of two professional references, which you have known for at least one year.

1. Name	How do you know this person?	Years acquainted?
Company Name / Address	Home Phone: Business Phone:	May we contact: [ ] Yes [ ] No
2. Name	How do you know this person?	Years acquainted?
Company Name / Address	Home Phone: Business Phone:	May we contact: [ ] Yes [ ] No

**EMERGENCY CONTACTS** Please provide the names of two EMERGENCY CONTACTS, which you have known for at least one year.

1. Name	How do you know this person?	Years acquainted?
Address	Home Phone: Business Phone:	May we contact: [ ] Yes [ ] No
2. Name	How do you know this person?	Years acquainted?
Address	Home Phone: Business Phone:	May we contact: [ ] Yes [ ] No

**READ CAREFULLY BEFORE SIGNING:** I certify that the statements contained on this application are true. I understand that false or misleading statements on this application, any resume or during any interview may be grounds for immediate disqualification or dismissal. I agree that a thorough investigation of my background may be made and I authorize my former employers and other persons or organizations to provide any information they have about my background and I release all concerned from any liability in connection therewith. I understand that if offered a position, I will be required to submit employment eligibility proof (I-9) and pass a criminal background check. I also understand that I may be required to pass a drug examination. I further understand that employment may be terminated at will. If hired, I agree to be bound by all policies, rules and regulations of my employer. This application for employment will be considered active for a period of six months.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE