

CARLTON PLACE
Assisted Living

INTER-FAITH
CARE CENTER

PINE VIEW APARTMENTS
Senior Housing

811 Third Street, Carlton MN 55718

Application for Employment

PLEASE PRINT

Today's Date

Name _____
First Middle Last

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Referred by _____

Type of Work _____ Permanent _____
Interested in _____ Temporary _____

Date Available _____ Full Time _____
Part Time _____

Hours Available _____ *Day Shift PM Shift Night Shift* Minimum Wage Expected _____

Have you worked here before? _____ When? _____ Reason for Leaving _____

Education

Type of School _____ Name and Location _____ Dates Attended _____ Graduated _____
High School

College or University

Business or Other School _____

If you did not graduate from High School, do you have a High School equivalence diploma? _____
If yes, date received _____ Issuing Agency _____

For R.N. & L.P.N. applicants only License No. _____ Is it current? _____

For Nursing Assistant applicants only Do you have a MN Certificate of Long Term Care? Yes _____ No _____

If yes, are you on the MN Nursing Assistant Registry? Yes _____ No _____ If no, Are you enrolled in a C.N.A.
training program? Yes _____ No _____

APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF 6 MONTHS

PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST

Name and Company _____ Phone # _____

From _____ to _____ Reason for leaving _____

Kind of work and duties _____

_____ Salary or Hourly Rate _____

Name and Company _____ Phone # _____

From _____ to _____ Reason for leaving _____

Kind of work and duties _____

_____ Salary or Hourly Rate _____

Name and Company _____ Phone # _____

From _____ to _____ Reason for leaving _____

Kind of work and duties _____

_____ Salary or Hourly Rate _____

If presently employed, may we contact your present employer? _____

Were you ever discharged or requested to resign from a position? _____

If yes, please explain _____

WORK REFERENCES – PLEASE LIST PEOPLE YOU HAVE WORKED WITH, NOT RELATIVES

Name and Position _____

Phone Number _____

Name and Position _____

Phone Number _____

Name and Position _____

Phone Number _____

In case of an emergency or accident, whom shall we notify? _____

Relationship _____ Address and Phone Number _____

APPLICANT CERTIFICATION: I certify to the best of my knowledge, the answers to all questions on this application are correct with any substantial commissions. I understand that any false information contained in this application is cause for immediate discharge. I agree to submit to a Mantoux Test or Chest X-Ray (if Mantoux tests have been positive) in compliance with Minnesota Health Regulations.

I authorize all former employers, school officials, and persons named herein as references to release to Inter-Faith Care Center any information they have regarding my employment records or my personal qualifications. I hereby release all such companies or individuals from any liability for any damage resulting from the giving of such information. I also authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Inter-Faith Care Center.

Date: _____ Signature of Applicant _____

INTER-FAITH CARE CENTER
Affirmative Action Survey

Government agencies require periodic reports on the sex, national origin, race, disability and veteran status of employees and applicants for employment.

This data is for analysis and affirmative action only.

Submission of this information is voluntary and will be kept confidential.

If you do wish to give this voluntary information:

_____ Date information given.

_____ Job title held or applied for.

Please check one: _____ Male _____ Female

Please check one: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native

_____ Asian/Pacific Islander

Please check if any of the following are applicable:

_____ Vietnam Era Veteran

_____ Disabled Veteran

_____ Disabled Individual

_____ **I do not wish to give any information.**