



The Meadows Independent and Assisted Living Facility
APPLICATION FOR EMPLOYMENT

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Notice to Applicant:

This facility does not discriminate on the basis of age, gender, race, religion, national origin, or disability other than those related to the ability to perform the job for which the applicant is being considered. Arkansas law requires the facility to perform a criminal background check and registry checks on all direct care staff. It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect, or misuse of other's property. State law also requires every staff person to complete a health history screen. This facility may require a physical examination by a health care professional based on the results of the screen at the facility's expense. Dishonesty in completing this form is reason for immediate dismissal.

Demographics

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Electronic devices _____
(Telephone) (Fax) (E-mail)

Position applying for: _____

Preferred Shift: Day Evening Night Preferred No. Hours: Full time Part time Temporary

Employment History

Have you previously worked for this facility? Yes No Dates: _____

Have you served in the military? Yes No Type of Discharge _____

How did you hear about this position? _____

Are you over 18 years of age? Yes No Employment may be subject to child labor laws.

Are you a U.S. Citizen? Yes No If not, are you able to legally work in the U.S.? Yes No

Alien Registration Number: _____

Have you ever been convicted of a crime? Yes No If yes, list convictions and dates:

Who was your last employer? _____
(Name)

Last employer's location: _____
(Address) (City) (State)

Reason/s for leaving: _____



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Other Former Employers

Name/Address	Contact Person/Phone	Dates	Reason For Leaving
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	
		From:	
		To:	

Education

Highest grade completed: _____ Degree/diploma: _____

Other training: _____

Licenses/certification: _____

Honors/extracurricular activities during school: _____

Other professional organizations, honors, and community involvement you feel contributes to your job qualifications: _____

Personal References

Name	Address	Phone	Relationship

Employment Agreement

I give this facility permission to contact previous employers and personal references and release from all liability all individuals or companies providing such information. I understand my employment and/or continued employment may be dependent upon the results of background checks and a physical examination. I understand my employment may be terminated for any dishonesty in completing this form.

 (Applicant Signature)

 (Date)