



**APPLICATION FOR
EMPLOYMENT**
*An Equal Opportunity Employer

Instructions - Please read carefully.

Each question should be fully and accurately answered. Please print. Incomplete, undated or unsigned items will delay the processing of your application. Please fill out completely even if you are providing a resume.

Today's Date: _____

1. IDENTIFYING DATA				
NAME:				
Last	First	Middle	Other Last Names Used (as CNA/CMA)	
SOCIAL SECURITY NO.:		EMAIL ADDRESS:		
PRESENT ADDRESS:				
Number & Street		City	State	Zip
HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS?				
FORMER ADDRESS:				
Number & Street		City	State	Zip
HOME PHONE:	CELL: Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	BUSINESS PHONE:	CAN WE CONTACT YOU AT WORK?	
() ()	()	()	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, STATE BIRTH DATE:		
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DATE YOU COULD BE AVAILABLE FOR WORK:				
POSITION(S) APPLYING FOR:				
<input type="checkbox"/> CNA <input type="checkbox"/> CMA <input type="checkbox"/> Other _____ <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> ANY <input type="checkbox"/> SLEEPER SHIFTS (Sleep in the building 10p-6a, \$30/night: available for assistance on the floor, hourly rate)				
HOW MANY HOURS CAN YOU WORK WEEKLY? _____				
MINIMUM NUMBER OF HOURS PER WEEK YOU REQUIRE _____				
DAYS/HOURS AVAILABLE TO WORK:				
No Preference _____	Thur _____	RATE OF PAY DESIRED \$ _____		
Mon _____	Fri _____			
Tue _____	Sat _____			
Wed _____	Sun _____			
WERE YOU PREVIOUSLY EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No UNDER WHAT NAME? _____				
DATES EMPLOYED: FROM _____ TO _____		LOCATION: _____		
POSITION HELD: _____		SUPERVISOR'S NAME: _____		
REASON FOR LEAVING: _____				
NAME AND RELATIONSHIP OF RELATIVES CURRENTLY EMPLOYED BY US: _____				

*As an equal opportunity employer, this Company will not discriminate unlawfully against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, disability, genetic information, veteran status, citizenship or other protected status.

Failure to disclose information will constitute grounds for immediate termination.

2. EDUCATION							
School	Name, City and State of School	Major Course of Study	Circle Highest Year Completed				Diploma, Degree or Certification?
High School			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No
GED							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational School							Type _____
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Honors _____
Volunteer Experience; Other (Specify)							

3. CREDENTIALS

Professional registration, license or certification (copy required). List all states in which you are licensed/ registered/certified as required for the position for which you are applying.

Type of license/cert _____ State _____ Reg. no. _____ Renewal date _____

Type of license/cert _____ State _____ Reg. no. _____ Renewal date _____

1. Are there restrictions or pending investigations on your license, registration or certification to practice imposed by a regulatory agency? Yes No

If yes, explain: _____

2. Have you ever been *****convicted of a Felony or Misdemeanor since you were an adult? Yes No

If yes, please explain: _____

*** We are required to do a Criminal Record Check, so marking, "Yes" will NOT immediately stop you from being hired at Premier Living. But not being truthful will affect your employment. Your CRC will be mailed to us within 1-2 weeks.**

4. UNITED STATES MILITARY SERVICE RECORD

ARE YOU A VETERAN OF THE U.S. ARMED FORCES? Yes No

IF YOU ARE A VETERAN, DID YOU RECEIVE ANY TRAINING WHICH WOULD BE HELPFUL IN THE JOB FOR WHICH YOU ARE APPLYING? Yes No

IF YES, DESCRIBE: _____

5. JOB FUNCTIONS

HAVE YOU HAD EXPLAINED TO YOU THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? Yes No

IF YES, ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION? Yes No

IF NO, DESCRIBE THE REASON: _____

IF NO, ARE YOU AWARE OF ANY ACCOMMODATION THAT CAN BE MADE TO ENABLE YOU TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? Yes No

If yes, please describe those accommodations _____

6. EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING ANY PERIODS OF UNEMPLOYMENT.

(Use additional sheets if necessary)

Present (or last)							
Name and Address of Employer	Employed From	To	Job Title	Pay When Hired	Pay When Terminated	Reason for Leaving	Duties and Responsibilities
						<input type="checkbox"/> CURRENT	
Name of Supervisor		Area Code & Telephone No. ()		Your last name at the time of employment:			
Name and Address of Employer	Employed From	To	Job Title	Pay When Hired	Pay When Terminated	Reason for Leaving	Duties and Responsibilities
Name of Supervisor		Area Code & Telephone No. ()		Your last name at the time of employment:			
Name and Address of Employer	Employed From	To	Job Title	Pay When Hired	Pay When Terminated	Reason for Leaving	Duties and Responsibilities
Name of Supervisor		Area Code & Telephone No. ()		Your last name at the time of employment:			
Name and Address of Employer	Employed From	To	Job Title	Pay When Hired	Pay When Terminated	Reason for Leaving	Duties and Responsibilities
Name of Supervisor		Area Code & Telephone No. ()		Your last name at the time of employment:			
Name and Address of Employer	Employed From	To	Job Title	Pay When Hired	Pay When Terminated	Reason for Leaving	Duties and Responsibilities
Name of Supervisor		Area Code & Telephone No. ()		Your last name at the time of employment:			

7. PERSONAL DATA

PERSONAL REFERENCES: List below the names, addresses and phone numbers of two personal references other than relatives or former employers.

Name	Relationship(no relatives or former employers)	Address & Phone Number

PROFESSIONAL ASSOCIATIONS TO WHICH YOU BELONG:

--

READ CAREFULLY BEFORE SIGNING

In signing and submitting this application for employment, I clearly understand and agree:

- (1) that the information contained in this application is complete and true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time, and it will be grounds for refusal to employ me;
- (2) that the references listed above, schools and current and past employers may release any and all information concerning my previous employment and any information they may have, personal or otherwise pertaining to my work record, my work habits, and my work performance, and I release all parties, including Company from all liability for any damage or claim that may result from furnishing the information;
- (3) that any employee handbook which I may receive will not constitute an employment contract, but will be merely a statement of Company's current policies which are subject to change without prior notice;
- (4) that Company reserves the right to: require its employees to submit to blood tests, urinalyses or other tests for the presence of alcohol or drugs; and require the inspection of bags (including purses or briefcases) or parcels brought into or taken out of Company. I understand that refusal to submit to a urinalysis, blood test or other tests or to a search, when requested to do so, will result in termination of my employment; and
- (5) I understand and agree that if I am offered employment by Company my employment will be for no definite term and that either I or Company will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Manager of Company.
- (6) *Upon acceptance of employment*, I agree to pay \$30.00, deducted from my first check to pay for the following new employee requirements:
 - a. \$12.00 for Background Check (required by KDADS)
 - b. \$10.00 for name tag (\$5.00 each time it is lost or replaced thereafter)
 - c. \$5.00 for 2-Step TB test (unless provided before employment begins, then this amount will be subtracted from the \$30.00)
 - d. \$3.00 for initial set up and electronic medical record access
 - e. This fee is Non-refundable

Signature of Applicant

Date

PLEASE DO NOT FILL OUT THE FOLLOWING: IT IS FOR COMPANY USE

Date Application Received:	Date Interviewed:
: Date Hired:	Interviewed by:
Department or Location:	Job Title:
Rate of Pay Requested: \$	Rate of Pay Agreed Upon: \$
Starting Date:	Training Days: _____
<input type="checkbox"/> New Hire <input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input type="checkbox"/> Rehire <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	<input type="checkbox"/> SEE OTHER FORM
updated 8/18/2016 16:53	