

Peachtree Place Assisted Living Job Application

PERSONAL

Last Name:	First Name:	SS#:	
Address:	City:	State:	ZIP:
Cell Phone:	Home Phone:	Email:	
Are you legally entitled to work in the U.S.? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Are you a U.S. Citizen? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Date of Birth:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>		
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. <i>Note: An affirmative answer will not necessarily result in disqualification for employment:</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

EMPLOYMENT

Positions Desired: CNA <input type="checkbox"/> Medtech <input type="checkbox"/> Food Services <input type="checkbox"/> Housekeeping <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Activities <input type="checkbox"/>
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Volunteer <input type="checkbox"/> Salary Desired:
Shift Desired: Day <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Any <input type="checkbox"/>
Days available for work: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sunday <input type="checkbox"/> Any <input type="checkbox"/>
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
When are you available to begin work?
Are you able to perform the essential functions of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any physical limitations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please describe:
<i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>

CNA/Medtech Only

Do you have current CNA License? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain:
Do you have current CPR? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a current First Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain:
Do you have a current Food Handlers permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain:
Do you have a current TB test? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain:
Skills Proficient In: Bathing/dressing <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Transferring <input type="checkbox"/> Feeding <input type="checkbox"/>
Incontinence Care <input type="checkbox"/> Dementia Care <input type="checkbox"/> Urinary Cath Care <input type="checkbox"/> Blood Pressure <input type="checkbox"/> CPR <input type="checkbox"/>
Frist Aid <input type="checkbox"/> Glucose Check <input type="checkbox"/> Computer Skills <input type="checkbox"/> Colostomy Care <input type="checkbox"/> Housekeeping <input type="checkbox"/>
Medication Administration <input type="checkbox"/> Incident reports <input type="checkbox"/> Food Server <input type="checkbox"/> Quality Consistent Care <input type="checkbox"/>

EDUCATION

Type of School	Name & Location of School	# of years to completed	Graduated		Degree(s) or Diplomas(s)	Fields Study
			Yes	No		
High School or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer all of the following questions if you are applying for a professional, licensed or certified position

Are you licensed/certified for the job you are applying for? **Yes** **No**

Name of license/certification:

Issuing state:

Has your license/certification ever been revoked or suspended? **Yes** **No**

If yes, explain:

POSITIONS HELD

Company Name:	Dates Employed: From: To:	Starting Salary	Ending Salary
Street Address:	Job Title:	Hours Worked From: To:	
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.		
Telephone:			
Supervisor:			
Is this your current employer? Yes No	Reason for leaving:		
May we contact this employer? Yes No	What is the most important skill demonstrated on the job?		

EMPLOYMENT (CONTINUED)

Company Name:	Dates Employed: From: To:	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? Yes No		
May we contact this employer? Yes No	Reason for leaving:	
	What is the most important skill(s) demonstrated on the job?	

Company Name:	Dates Employed: From: To:	Starting Salary Ending Salary
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? Yes No		
May we contact this employer? Yes No	Reason for leaving:	
	What is the most important skill demonstrated on the job?	

APPLICANT' S STATEMENT

(Initial each numbered item as read)

1. ____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
2. ____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. ____ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I will be subject to random drug and alcohol screening. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. ____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. ____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
6. ____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing six (6) statements.

Date

Name

Signature