

APPLICATION FOR EMPLOYMENT

McINTOSH SENIOR LIVING
600 RIVERSIDE AVE NE
McINTOSH, MN 56556
PHONE: 218-563-2715
FAX: 218-563-2300 or 218-563-2395



"This institution is an equal opportunity provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

PERSONAL INFORMATION

Name _____ Social Security Number _____
 Last First Middle

Present Address _____ Phone # _____
 Street City State Zip Code

Permanent Address _____ Phone # _____
 Street City State Zip Code

If you cannot be reached at above #, where can we contact you? Phone _____

EMPLOYMENT DESIRED

Type of work desired	shift (circle one)	salary	How did you learn about this opening? _____
First Choice	AM'S PM'S NOC'S		Will you accept Employment of: ___ Full time ___ Part time ___ Temporary
Second Choice	AM'S PM'S NOC'S		
Date Available _____			If under 18 yrs of Age, Do you have a work permit? ___ Yes ___ No
Would you accept another position? ___ Yes ___ No If so, what? _____			
Are you available to work: : Weekends ___ Yes ___ No Holidays ___ Yes ___ No			
Rotating shifts ___ Yes ___ No On Call ___ Yes ___ No			
Weekdays ___ Yes ___ No			

EDUCATION/TRAINING

School	Name & Address of School	Courses Taken	Did you Graduate?	Diploma, Degree, or Certificate Received
High School				
College				
Lab or X-Ray Training				
Other Classes/Training				

Extracurricular Activities while in School _____

Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or other qualifications you have which you feel are related to the position for which you are Applying:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				Verification
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name				Dates Employed	
				To:	From:
Address	City	State	Zip	Phone	Starting Salary Ending Salary
Position Title				Immediate Supervisor's Name and Title	

Job Description & Responsibilities

*May we contact for reference? ___ Yes ___ No

*Employers response:

Company Name				Dates Employed	
				To:	From:
Address	City	State	Zip	Phone	Starting Salary Ending Salary
Position Title				Immediate Supervisor's Name and Title	

Job Description & Responsibilities

*May we contact for reference? ___ Yes ___ No

*Employers response:

Company Name				Dates Employed	
				To:	From:
Address	City	State	Zip	Phone	Starting Salary Ending Salary
Position Title				Immediate Supervisor's Name and Title	

Job Description & Responsibilities

*May we contact for reference? ___ Yes ___ No

*Employers response:

REFERENCES List three Profesional References			
Name and Relationship	Title	Company Name & Address	Telephone
Name and Relationship	Title	Company Name & Address	Telephone
Name and Relationship	Title	Company Name & Address	Telephone

I understand that in emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this facility.

Applicants Signature

Date

If your availability status changes, it is your responsibility to notify your supervisor or the administrator. Such changes will be effective, then, for any future employment.

McIntosh Senior Living does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era vereran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give McIntosh Senior Living the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or reaonsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this facility at such times and places as the facility shall designate. I understand that an offer of employment is contingent on passing the physical examination which relates to the essential duties I would be required to perform. I also understand that my employment is contingent on the completion of a background study which is required by law and completion of prior employment reference checks and eligibility for rehire.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date