

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation, or any other legally protected status.

Personal Information:			
Last Name:	First Name:	MI:	
Address:	City: State/Zip:		
Phone:	Email:	Social Security Number:	

Are you 18 years of age or older? Yes No	Are you legally eligible for employment? Yes No
Have you filed an application with us before? Yes No	When?
Have you ever been employed with us before? Yes No	When?
How were you referred? Self Newspaper Internet Website Other:	Employee Referral-Name:
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) Yes No	
If Yes, please explain:	

Employment Interests:	
Position(s) applied for:	Salary/Wage Desired:
Available to Work (mark all boxes applicable):	Full Time Days Rotate Temporary Part Time Evenings Weekends On Call, if necessary Holiday Nights Other shifts in emergencies

Education:	Name/Location of School	Course of Study/Degree	Did you graduate?
High School or GED			Yes No Date:
College			Yes No Date:
College			Yes No Date:
College			Yes No Date:
Military			
Other			

Licensure/Certification Information:	
Licensure/Certification: Cert./Registration/License Number: Expiration Date:	State:
Licensure/Certification: Cert./Registration/License Number: Expiration Date:	State:

Goals:

How would this job you are applying for align with your personal/career goals?

Honors & Activities: (List honors, activities, volunteer experience, etc.:

Applicant Statement

I have applied to Memory Care Partners,LLC for employment and authorize them to contact references, past or present employers, and any other source or information which may be relevant to my application for employment. I authorize you to furnish any requested information and release you and your organization from all liability for any damage associated with providing information.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall act as a request for consideration for current and future job openings. Please contact the facility in the future to have this application reviewed for additional openings.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In order to comply with the Background Information Disclosure Act, I hereby consent to a criminal background check.

Signature of Applicant

Date