

Why do you feel you should be selected to become an employee of Heartwood Homes Senior Living? _____

What has been your most interesting job, and why? _____

How were you referred to us?

- Newspaper - Which newspaper? _____ On my own
- Internet - Which website? _____ School
- Current / Past employee - Name of employee _____
- Other - Please specify _____

AVAILABILITY:

Circle your preference of hours and shifts in desired order using (1) as most preferred, and use (3) as your least preferred.

Full-time (32 - 40 hrs/wk)	1 2 3
Part-time (20-32 hrs/wk)	1 2 3
Less than part-time (less than 20 hrs/wk)	1 2 3
Temporary (Seasonal)	1 2 3

1st Shift (days)	1 2 3
2nd Shift (PMs)	1 2 3
3rd Shift (nights)	1 2 3

Date available to start: _____

EDUCATION:

Name and location of school	Major Subject(s)	Certificate, Degree, Diploma
High School		
Technical or Professional		
College or University		
Graduate School		

Type of Professional Licensure, Certification or Registration: _____

 Number _____ Expiration Date _____ Type _____ State _____

Where did you receive your clinical training? _____

Dates (From/To): _____

Total Number of years and months as a Caregiver or CNA: _____ Years _____ Months

EMPLOYMENT RECORD

List current or most recent position first, use additional sheet if necessary

COMPLETE TELEPHONE (including area code) & ADDRESS INFORMATION REQUIRED

COMPANY	DATES EMPLOYED List Month and Year	Job Title - Duties	Reason for Leaving
Name	From		
Address			
City, State, Zip	To		
Telephone	Starting Salary \$		
Supervisor	Per Hr. Wk. Mo. Yr.		
May We Contact?	Ending Salary \$		
Yes ___ No ___	Per Hr. Wk. Mo. Yr.		
Name	From		
Address			
City, State, Zip	To		
Telephone	Starting Salary \$		
Supervisor	Per Hr. Wk. Mo. Yr.		
May We Contact?	Ending Salary \$		
Yes ___ No ___	Per Hr. Wk. Mo. Yr.		
Name	From		
Address			
City, State, Zip	To		
Telephone	Starting Salary \$		
Supervisor	Per Hr. Wk. Mo. Yr.		
May We Contact?	Ending Salary \$		
Yes ___ No ___	Per Hr. Wk. Mo. Yr.		

PERSONAL REFERENCES:

Name	Phone	Occupation	Relation

SPECIAL TRAINING

Check subjects which you have successfully recieved training and **obtained a Certificate of Authenticity**.

	Yes	No
Medical terminology		
CPR Certification		
Standard Precautions		
Resident Rights		
Fire Safety & Evacuation		
First Aid / Choking		
Dietary Needs, Menu Planning, Food Prep & Sanitation		
Medication Administration		
Challenging Behaviors		
Client Group Specific		
Needs Assesment & Individual Service Plans (ISP)		
Diabetes / Insulin Care		
Dementia Care Specialists		
Any Other Forms of Training Not Listed Above:		

Activities: Please check areas which you have training or special skills that could be used when doing activities with residents.

<input type="checkbox"/> Crafts
<input type="checkbox"/> Cooking
<input type="checkbox"/> Reading
<input type="checkbox"/> Music (singing)
<input type="checkbox"/> Instruments - please list

<input type="checkbox"/> Playing cards - please list

<input type="checkbox"/> Board Games - please list

<input type="checkbox"/> Exercise
<input type="checkbox"/> Other - please list

RELEASE

READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY'S DATE

By signing this application, I certify that I am genuinely interested in employment with Heartwood Homes Senior Living, Inc. and have not made application under false pretense. I certify that all statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that, if employed, false statements on this application or during an interview shall be considered sufficient cause for dismissal at any time. I understand if I am employed I am required to abide by all rules and regulations of the employer, Heartwood Homes Senior Living, Inc.

I authorize any party having information bearing on my qualifications for employment to release such information to Heartwood Homes Senior Living, Inc. (HHSL), (unless otherwise stated). I release HHSL and any of their representitives from any and all liability for acts performed with evaluating my application, credentials, ethics and qualifications. I further release from any and all liability any individuals or organizations who provide information to HHSL concerning my employment competence, ethics, character and other qualifications, including privileged and confidential information. I further understand that my employment at HHSL is contingent upon the satisfactory completion of a health examination, criminal background check, and investigation of my work record and references. I consent to a pre-placement health assessment and future tests, assessments, and/or record checks as may be required by HHSL or law. I further understand that, if employed, I will serve a 90-day trial period from my date of employment. I also understand that if employed, employment is not binding by either HHSL or me for any specific period of time and that I will be an employee-at-will. My employment may be terminated at anytime by either HHSL or myself for any reason.

Signature of Applicant

Date

NON-DISCRIMINATION

It is the policy of Heartwood Homes Senior Living, Inc. to consider all applicants for employment without regard to age, race, religion, creed, color, disability, sex, national origin, military status or any other unlawful basis. Heartwood Homes Senior Living is a Equal Opportunity Employer.