



## EMPLOYMENT APPLICATION

### **PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Circle Positions(s) Applied For:    **CAREGIVER**                  **COOK**                  **HOUSEKEEPING**                  **ACTIVITIES**                  **OTHER**

Name: \_\_\_\_\_  
Last                          First                          Middle

Current Address: \_\_\_\_\_  
Street                          City                          State                  Zip Code

Previous Address: \_\_\_\_\_  
Street                          City                          State                  Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_                          Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_                          Email address \_\_\_\_\_

Valid Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

Auto Ins Co: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you ever submitted an application here before? **Yes / No** If yes, when? \_\_\_\_\_

Have you or anyone you know/are related to been employed or are currently employed at Ravenna? **Yes / No** Please list their name/relationship \_\_\_\_\_

How did you hear about Ravenna Assisted Living? \_\_\_\_\_

Have you have been given a copy of the job description for the position for which you have applied to review. **Yes / No**

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us? \_\_\_\_\_

### **AVAILABILITY**

For Caregivers Only

Please check ALL areas you are available:

\_\_\_\_ **AM Shift** 6:00 am – 2:00 pm    \_\_\_\_ **PM Shift** 2:00 pm – 10:00 pm    \_\_\_\_ **Overnight Shift** 10:00 pm – 6:00 am

\_\_\_\_ Weekdays          \_\_\_\_ Weekends          \_\_\_\_ Holidays

**JOB RELATED SKILLS**

Describe any training or life skills you have that apply to caring for a senior: \_\_\_\_\_  
 \_\_\_\_\_

Describe any work history you have that would apply to caring for a senior: \_\_\_\_\_  
 \_\_\_\_\_

What do you like (or think you would like) **most** about working with older adults? \_\_\_\_\_  
 \_\_\_\_\_

What do you like (or think you would like) **least** about working with older adults? \_\_\_\_\_  
 \_\_\_\_\_

What personal rewards do you get from working with seniors? \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION \***

Please circle highest grade completed:

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

\*For employment our minimum education requirement is either a GED or High School diploma

**WORK HISTORY**

NOTE: Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

PLEASE LIST EMPLOYERS - starting with most recent

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Duties \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Salary (Hour, Week, Month)

**EMPLOYER**

\_\_\_\_\_ Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ( \_\_\_\_\_ ) Phone Number  
 Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
 Duties \_\_\_\_\_  
 \$ \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Salary (Hour, Week, Month)

**EMPLOYER**

\_\_\_\_\_ Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ( \_\_\_\_\_ ) Phone Number  
 Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
 Duties \_\_\_\_\_  
 \$ \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Salary (Hour, Week, Month)

**REFERENCES (DO NOT INCLUDE RELATIVES)**

Please complete all three references. Your application will not be considered unless **three** references are provided. We recommend that you notify your references ahead of time that they will be contacted.

Full Name	Phone Number	Best Time of Day to Call	Title	Number of Years Known
1)	H ( ) W ( )	AM / PM AM / PM		
2)	H ( ) W ( )	AM / PM AM / PM		
3)	H ( ) W ( )	AM / PM AM / PM		

**CERTIFICATION AND RELEASE (Initial and Sign):**

\_\_\_\_\_ I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information provided in this application.

\_\_\_\_\_ I authorize all persons, schools and former employers to release any information concerning my background and hereby release any said persons, schools and former employers from any liability for any damage whatsoever for issuing this information.

\_\_\_\_\_ I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_ I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check.

\_\_\_\_\_ I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *Care Homes NM, LLC* (dba Ravenna Assisted Living) and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure.

\_\_\_\_\_ I understand that the NM Department of Health requires background checks to be completed for direct care staff.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

FOR ADMINISTRATIVE PURPOSES ONLY

Screened by \_\_\_\_\_ Interview Date: \_\_\_\_\_ Confirmed Y / N / No response  
Interview Completed (Initial/Date): \_\_\_\_\_ Offer (circle) Made Accepted Declined/No Response  
Orientation Date: \_\_\_\_\_ Date of Hire: \_\_\_\_\_