<u>APPLICATION FOR EMPLOYMENT</u>

ASSISI HEIGHTS 1001 14th Street N.W. Rochester, MN 55901

POSITION(S) APPLIED FOR:		DATE OF APPLICATION	ON:/		
DEPARTMENT(S): Administration I	DEPARTMENT(S): Administration Dietary Health Care Housekeeping Maintenance				
DATE AVAILABLE FOR WORK:/	_/				
TYPE OF EMPLOYMENT DESIRED: 1	Full-Time Part-Tin	ne Temporary	Seasonal		
AVAILABLE TO WORK: Days Evenings Nights Weekends					
HOW DID YOU HEAR ABOUT THE JO	OB FOR WHICH YO	U APPLIED?			
Newspaper Ad Personal Re					
Employment Agency Applied wit Other (please specify)					
PERSONAL DATA					
NAME(FIRST)	(MIDDLE)	(LAST)			
ADDRESS					
(STREET)	(CITY)	(STATE) (ZIP)	(LENGTH OF TIME)		
PREVIOUS ADDRESS					
(STREET)	(CITY)	(STATE) (ZIP)	(LENGTH OF TIME)		
TELEPHONE ()					
IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS?					
MAY WE CONTACT YOU AT WORK? IF YES, WORK NUMBER					
ARE YOU AT LEAST 16 YEARS OF AGE? O YES O NO					
HAVE YOU BEEN EMPLOYED HERE BEFORE? O YES O NO IF YES, WHEN?					
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? O YES NO					
WHY ARE YOU INTERESTED IN THIS	POSITION?				

EMPLOYMENT HISTORY

LIST YOUR LAST FOUR EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENTS SECTION BELOW.

EMPLOYER TELEPHONE	DATES E	MPLOYED	SUMMARIZE THE NATURE OF THE		
	FROM	ТО	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS					
	HOURLY R	ATE/SALARY			
JOB TITLE	STA	RTING			
	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
REASON FOR LEAVING		NAL			
MAY WE CONTACT FOR REFERENCE? O YES O NO	\$	PER			
EMPLOYER TELEPHONE	TELEPHONE DATES EMPLOYED		SUMMARIZE THE NATURE OF THE		
	FROM	ТО	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS		•			
	HOURLY R	ATE/SALARY			
JOB TITLE	STA	RTING			
	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
DELEGAL FOR A FAMILIA	— FI	NAL			
REASON FOR LEAVING	\$	PER			
MAY WE CONTACT FOR REFERENCE? O YES O NO					
EMPLOYER TELEPHONE	DATES E	MPLOYED	SUMMARIZE THE NATURE OF THE		
	FROM	TO	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS					
	HOURLY R	ATE/SALARY			
JOB TITLE	STA	RTING			
DAGENATE GUIDENVIGOD AND TITLE	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
REASON FOR LEAVING	\$	NAL			
MAY WE CONTACT FOR REFERENCE? O YES O NO	\$	PER			
EMPLOYER TELEPHONE	DATES E	MPLOYED	SUMMARIZE THE NATURE OF THE		
	FROM	TO	JOB PERFORMED & RESPONSIBILITIES		
ADDRESS					
	HOURLY RATE/SALARY				
JOB TITLE	STA	RTING			
DAMEDIATE CURENUSOR AND THE F	\$	PER			
IMMEDIATE SUPERVISOR AND TITLE					
REASON FOR LEAVING	FI	NAL			
I		DED			
MAY WE CONTACT FOR REFERENCE? O YES O NO	\$	PER			

COMMENTS (including explanation of gaps in employment).						
SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.						
LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).						
LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.						
EDUCATIONAL BACKGROUND						
NAME AND LOCATION	YEARS COMPLETED		DID YOU GRADUATE?		(COURSE OF STUDY
HIGH SCHOOL						
COLLEGE	MAJOR	DEGREE				
OTHER						
PROFESSIONAL LICENSES/REGISTRATION	ZENSUKE/KE	EGISTRATION		STATE		NUMBER
*Current			United United			TOMBER
Driver's License # (if job related)						
*If no current Minnesota License/Registration, please check appropriate space below: Reciprocity action in progress Applied for State Boards: State Date New Graduate Permit applied for: State Date Other, please explain						

REFERENCES

	NAME/ADDRESS	TELEPHONE	YEARS KNOWN	RELATIONSHIP	
-				 ¬	
	EMPLOYMENT UNDERSTANDING				
	agreed upon that any misrepresentation by me paration from the employer's service if I have		ll be sufficient cause fo	or cancellation of this	
release from liability	the right to investigate all references and to s the employer and its representatives for seek nishing such information.				
	Equal Opportunity Employer. Assisi Heights or the purpose of limiting or excusing any app				
	arrent for six (6) months. At the conclusion of byment, it will be necessary to fill out a new a		heard from the employ	yer and still wish to be	
	t as I am free to resign at any time, Assisi Heig without prior notice. I understand that no rep				
	s company's policy not to refuse to hire a qual would be required by the ADA.	ified individual with a	disability because of th	uis person's need for an	
Assisi Heights is a Sı	moke-free Environment. We thank you for yo	our interest in employme	ent at Assisi Heights.		
Signature of Applica	nt	Date	/		
	FOR HUMAN RES	SOURCE USE ONLY			
REFERENCE CH	ECKS MAILED TO: (list)			E RECEIVED BACK	
· ' '	PLIED FOR O AVAILABLE O NO	OT AVAILABLE			
HIRED O YE	NS CONSIDERED FOR				

POSITION HIRED FOR _____

DATE OF HIRE ____/___