



TODAYS DATE:  
DATE OF BIRTH:

1013 South Johns Avenue  
Emmett, Idaho 83617

208-365-1122

## Employment Application

### PERSONAL INFORMATION

**PLEASE PRINT LEGIBLY AND COMPLETE ALL BLANKS. APPLICANTS WITH DRUG CHARGES AND/OR DISQUALIFYING FELONIES OF ANY KIND ARE NOT ELIGIBLE FOR EMPLOYMENT AT MEADOW VIEW ASSISTED LIVING**

NAME (LAST, FIRST, MIDDLE)

TELEPHONE  
( )

ADDRESS

ARE YOU 18 YEARS OF AGE OR OLDER?  
 YES  NO, IF NO, AGE:

DO YOU POSSES A VALID DRIVER'S LICENSE?

YES  NO  
CDL NO.:

Social Security #

HAVE YOU BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME (FELONY OR MISDEMEANOR) OTHER THAN A MINOR TRAFFIC VIOLATION?  YES  NO

IF YES, PLEASE EXPLAIN

HAVE YOU HAD A BACKGROUND CHECK CONDUCTED BY THE HEALTH AND WELFARE DEPARTMENT?  YES  NO

IF YES DATE COMPLETED

WERE YOU CLEARED?  
 YES  NO

### DESIRED POSITION

DESIRED POSITION

DESIRED POSITION (2<sup>ND</sup> CHOICE)

P/T  F/T  TEMP  ON-CALL  
OTHER:

Days can work:

Hours can work:

HAVE YOU EVER WORKED FOR THIS COMMUNITY?  
 YES  NO

IF YES, WHEN?

### WORK AUTHORIZATION

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA?  
 YES  NO

To comply with the Immigration Reform and Control Act, if you are hired, you will be required to provide documents to establish your identity and authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire or upon your first work day if your employment will be less than three (3) days.

## EDUCATIONAL BACKGROUND

HIGH SCHOOL – CIRCLE HIGHEST YEAR COMPLETED

6 7 8 9 10 11 12

DIPLOMA  
 YES  
 NO

CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE  
 YES  NO  
 IF YES, EXPECTED COMPLETION DATE:

### EDUCATION COURSES RELATED TO EMPLOYMENT

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

## WORK HISTORY AND EXPERIENCE

Please list your most recent work experience first.

EMPLOYER/COMPANY	DATES OF EMPLOYMENT
ADDRESS	TELEPHONE
REASON FOR LEAVING	
EMPLOYER/COMPANY	DATES OF EMPLOYMENT
ADDRESS	TELEPHONE
REASON FOR LEAVING	
EMPLOYER/COMPANY	DATES OF EMPLOYMENT
ADDRESS	TELEPHONE
REASON FOR LEAVING	

## REFERENCES

Please list three (3) persons who can give information about your background, character, abilities etc.

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP TO YOU (FRIEND, EMPLOYER ETC.)

## CERTIFICATION & ACKNOWLEDGEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information in this application is complete and accurate to the best of my knowledge and belief. I understand and agree that any omissions or false or inaccurate statements in my application or interview may be justification for refusal to hire or termination of employment.

I hereby authorize this community and/or its duly authorized agents to investigate all references, to contact all prior employers and to secure additional information about me concerning my qualifications for the position applied for. I hereby release from liability this community and its representatives for seeking such information.

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies, consumer reporting agencies, investigative companies, and any other persons, companies or governmental or other agencies to give this community any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage or injury that may result from furnishing information to this community I also release this community and all of its employees from all liability for any damage or injury that may result from reliance on the information furnished.

I understand and agree that nothing contained in this application or in the hiring process is intended to create an employment contract. If I am offered and accept employment, I agree to abide by this community's policies and procedures, and Employee Handbook. I understand and agree that my employment is 'at will' and therefore my employment can terminate, with or without cause, at any time at my option or the option of this community. This 'at will' employment relationship may not be modified by any oral or implied agreement.

I understand and agree that I must meet all the physical standards established by this community to perform the essential functions of any job for which I am offered employment. I understand that if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand and agree that this community may from time to time require that I submit to a drug and/or alcohol test as a condition of employment. This community reserves the right to conduct searches on this Community's property or of this Community's vehicles, and/or equipment at any time. I further understand that if I refuse to submit to a search I may be terminated.

I understand and agree that this application will remain active for 90 days. If I still want to be considered for a position with this community after this application expires, it is my responsibility to complete a new application.

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

\_\_\_\_\_  
DATE

# PRE-EMPLOYMENT REFERENCE CHECK AND EMPLOYMENT CHECK

\_\_\_\_\_  
**APPLICANT FULL NAME**

\_\_\_\_\_  
**POSITION APPLIED**

## REFERENCE CONTACT

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Relationship to applicant \_ Supervisor \_ Co-worker \_ Academic \_ Personal  
Position Held \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Reason for leaving \_\_ Resigned \_\_ Discharged \_\_ Other  
Eligible for Re-Hire \_\_ Yes \_\_ No

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Relationship to applicant \_ Supervisor \_ Co-worker \_ Academic \_ Personal  
Position Held \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Reason for leaving \_\_ Resigned \_\_ Discharged \_\_ Other  
Eligible for Re-Hire \_\_ Yes \_\_ No

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Relationship to applicant \_ Supervisor \_ Co-worker \_ Academic \_ Personal  
Position Held \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Reason for leaving \_\_ Resigned \_\_ Discharged \_\_ Other  
Eligible for Re-Hire \_\_ Yes \_\_ No