

570 13th St. NE, Valley City, ND 58072 Phone: (701) 845-8945 Ext 2. Fax:(701)-490-3254 Please email applications to legacyact@hotmail.com.

Application for Employment

Completed date:						
Please type or print, and fill out application completely.						
Position applying for:						
Salary Desire: Date available to start employment?						
Check all that apply: Full-time Part-time PRN (as needed)						
_	-			are availab		
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Personal Contact Information						
Name:						
	(Last)		(Firs	t)		(MI)
Address:(Street)						
(City)			(State)	(Zip)		
Telephone: () E-mail:						
Social Security Number:						
Are you eligible to work in the United States? Yes No						
Are you at least 16 years of age? Yes No						
How did you learn of this opening?						
Have you previously been employed with us? (If yes, list dates)						

All Applica	nts please complete t	he following qu	estions:	
-	ver been convicted of a			
Have you ev	ver been convicted of a	felony?	s No	
•	ver been convicted of a nt of another individual?			
If yes explai	n:			
Education	onal Background	I		
	Name of School	Location	Major/Minor	Highest Grade or Degree Completed
High School				·
College or University				
Trade or Technical				
Other				
Name of cur	rently a student? rent school? pecial skills/abilities tha	_		:
	for CNA, MAI, LPN or I applicable information		ease list your cert Expiratio	
• .	,		·	
	ss, please note your tes			
For anyone	who has worked as a	CNA or MA:		
	ver had a nurse aide rece?		ertification marked	for abuse

Employment History

Please begin with your present or most recent employment, list all periods of employment and <u>unemployment</u> including military service assignments and volunteer activities for the last 5 years.

Employer Name	
Address	
Job Title	
Supervisor Name	
and phone #	
Dates From/ To:	
Ending Pay/Salary	
Job Duties	
Reason for	
Leaving	
If currently employe	ed, may we contact your employer? Yes No
Employer Name	
Address	
Job Title	
Supervisor Name	
and phone #	
Dates From/ To:	
Ending Pay/Salary	
Job Duties	
Reason for leaving	
Employer Name	
Address	
Job Title	
Supervisor Name	
and phone #	
Dates From/ To:	
Ending Pay/Salary	
Job Duties	
Reason for	
Leaving	

^{**}If you need additional space for employment, please attach another sheet.

References

Give three references below, two of them must be previous coworkers or managers that can validate your work experience and ethic. Include names, addresses and phone numbers of individuals who have knowledge of your character, experience and ability.

(Do NOT include persons related to you and supervisors listed above)

1.)	Name:	How long have you known this person?
	Address:	
	Phone number:	
	How does this person know you?	
2.)	Name:	How long have you known this person?
	Address:	
	Phone number:	
	How does this person know you?	
3.)	Name:	How long have you known this person?
	Address:	
	Phone number:	
	How does this person know you?	
knowl inform	nation given in my application or in	ue and complete to the best of my I understand that false or misleading terview may result in discharge. I further by all rules and regulations of the facility.
Appli	cants Signature:	
Date:		