



The Legacy Place

Senior Living, Assisted Living & Transitional Living Care

570 13th St. NE, Valley City, ND 58072

Phone: (701) 845-8945 Ext 2. Fax: (701)-490-3254

legacyaccount@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)

Please specify times for each day that you are available to work:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Personal Contact Information

Name: _____
(Last) (First) (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 Applicants please complete the following questions:

Have you ever been convicted of a misdemeanor? Yes No

If yes explain: _____

Have you ever been convicted of a felony? Yes No

If yes explain: _____

Have you ever been convicted of a crime including abuse, neglect or mistreatment of another individual? Yes No

If yes explain: _____

Educational Background

	Name of School	Location	Major/Minor	Highest Grade or Degree Completed
High School				
College or University				
Trade or Technical				
Other				

Are you currently a student? Yes No

Name of current school? _____

Please list special skills/abilities that would qualify you for this position:

If applying for CNA, MAI, LPN or RN position please list your certification type and all applicable information associated:

Type: State(s): Number: Expiration Date:

*If still in class, please note your test date: _____

For anyone who has worked as a CNA or MA:

Have you ever had a nurse aide registry listing or certification marked for abuse or negligence? Yes No Explain: _____

Employment History

Please begin with your present or most recent employment, list all periods of employment and unemployment 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 employed, 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? _____

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I further understand that I am required to abide by all rules and regulations of the facility.

Applicants Signature: _____

Date: _____

Revised: December 2017