

# GENERATIONS SENIOR CARE

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

|                                      |  |       |        |  |
|--------------------------------------|--|-------|--------|--|
| P<br>E<br>R<br>S<br>O<br>N<br>A<br>L | Last Name  | First | Middle | Date   |
|                                      | Street Address   |       |        | Home Telephone<br>(     )  |
|                                      | City, State, Zip   |       |        | Cell Telephone<br>(     )  |
|                                      | Have you ever applied for employment with us?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        If yes: Month and year    Location _____                                    |       |        | Social Security #  |
|                                      | Position Desired   |       |        | Pay Expected   |
|                                      | Apart from absence for religious observance, are you available for full-time work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        If not, what hours can you work? _____ |       |        | Will you work overtime if asked?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                      | Other special training or skills (languages, machine operation, etc.)  |       |        |  |

|   | School                   | Name and Location of School | Course of Study | No. Of Years Completed | Did you Graduate?   | Degree or Diploma |
|---|--------------------------|-----------------------------|-----------------|------------------------|---|-------------------|
| E<br>D<br>U<br>C<br>A<br>T<br>I<br>O<br>N | Graduate                 |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|   | College                  |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|   | Business/Trade/Technical |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|   | High School              |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|   | Elementary               |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |

### Membership in Professional or Civic Organizations

*(Exclude those which may disclose your race, color, religion, or national origin)*

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