



SAVE

Thank you for taking the time to apply with Westlake Care Community, St. Paul Health Center, and Sandalwood. This application must be filled out completely in order to be considered for employment. You may provide a resume, although you must also complete this application. Please print and do not leave any blank spaces.

PERSONAL INFORMATION:

First Name: Last Name:

Other Names used:

Address:

City: State: Zip:

How long at present address:

Home Telephone: Cell Phone/Pager:

Secondary Phone: Email:

Are you 18 years of age or older? NO YES

Are you eligible for employment in the United States? NO YES (Proof of citizenship or immigration status will be required upon employment)

Do you speak, read or write a language other than English? NO YES

HOW DID YOU HEAR?

How were you referred to us? Agency Internet Walk-in Rehire

Advertisement Where?

An employee What is their name?

Have you been employed by Saint Paul Health Center, Glen Ayr or Sandalwood? NO YES

If yes, Under what name?

If yes, Approximate date of place and service:

Do you have any relatives employed by St. Paul Health Center, Glen Ayr or Sandalwood? NO YES

If YES, please give names and relationship and location of where they work(ed)

POSITION APPLYING FOR:

Position applying for: _____ Part - Time Full - Time

Desired Salary/Hourly rate: _____ Date Available for Work: _____

Are you available to work: Days Evenings Nights Weekends Holidays

If there are specific times when you cannot work, please specify: _____

EDUCATION:

High School Graduation/GED: NO YES Highest Grade Completed: 9 10 11 12

School/ Location: _____

Name of College: _____ Major/Minor: _____

Year Graduated: _____ Degree: _____

Additional Coursework: _____

SPECIALIZED SKILLS:

Please provide us with any specialized skills related to the position that you are applying for: (i.e. business machines or equipment)

Types of Certificates/Licenses:

Computer Software/Systems:

WORK EXPERIENCE:

Employer: _____ Dates employed (Month and Year) From: _____ To: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____

Supervisor's Name & Title: _____

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Salary History Starting _____ Ending _____ May we contact this employer? YES NO

Employer: _____ Dates employed (Month and Year) From: _____ To: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____

Supervisor's Name & Title: _____

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Salary History Starting _____ Ending _____ May we contact this employer? YES NO

Employer: _____ Dates employed (Month and Year) From: _____ To: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____

Supervisor's Name & Title: _____

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Salary History Starting _____ Ending _____ May we contact this employer? YES NO

OTHER INFORMATION:

Please list any other skills, honors or awards related to the position that you are applying for:

Are you presently employed? NO YES May we contact your present employer? NO YES

Have you ever been asked to resign? NO YES

If yes, Please provide details: _____

Have you ever been convicted of a felony? NO YES

If yes, please explain: _____

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job.

I understand that Glen Ayr Health Center, St. Paul Health Center, or Sandalwood Manor and/or the employing entity is an equal opportunity employer and selects individuals best matched for the job based on job-related qualifications regardless of race, color, religion, sex, national origin, sexual orientation, age or disability. In the processing of my application, an investigation will be made whereby information is obtained from former employers and references. Permission is hereby granted to any school, person, firm or corporation, whether my former employer or otherwise, to give St. Paul, its management, employees, representatives, or agents information regarding my employment or educational history. Any entity providing information will not be held liable for any damage incurred by myself through the release of requested information.

I understand that employment is at will. It can be terminated, with or without cause or notice at any time, at the option of either Glen Ayr Health Center, St. Paul Health Center, Sandalwood Manor or myself. No manager or supervisor has the authority to enter into an employment agreement for any specified period of time or to make agreement contrary to the foregoing without the direct authorization from the Administrator.

I understand that Glen Ayr, St. Paul, or Sandalwood reserves the right to use any method of investigation which, at its sole discretion, it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action including, but not limited to a search of any property of mine on Glen Ayr, St. Paul, or Sandalwood premises. As a condition of continued employment, if hired, I agree to cooperate in any such investigation.

I understand that if hired, my continued employment is predicted upon the truthfulness and accuracy of the statements contained herein, and that I am subject to termination if any statement in this application is false or misleading. If hired, I agree to conform to the rules and regulations of Glen Ayr Health Center, St. Paul Health Center, or Sandalwood Manor as issued from time to time and that only those rules and regulations which are then in effect apply to my continued employment with Glen Ayr, St. Paul, or Sandalwood. I understand this application will remain active for 90 days and if I have not been hired by that date, I must renew my application to be considered for future employment.

SIGNATURE: _____ **Date:** _____

SAVE APPLICATION

SUBMIT APPLICATION