



Country Lane Memory Care 875 Riverton Road, Riverton, Illinois 62561
Tel: **217-629-4265** Email: **reception@countrylanememorycare.com**

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Each section and question should be fully and accurately answered. No action can be taken on an incomplete application. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a 'need to know' or as required by law. Country Lane Memory Care will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Name (PRINT): _____ Today's Date: _____

Present Address: _____

State: _____ Zip: _____ Tel. No.: _____

Social Security # _____

Position applying for (be specific, list one): _____

When are you available for employment? _____

Relatives employed at this Facility? Yes No Name(s) Department(s): _____

Ever applied to this Facility before? Yes No

Which type of employment are you seeking: Full-time Part-time Casual

Preferred shift: Days PM/Eves Nights

How did you hear about us? Newspaper Word of mouth Internet Other

EMPLOYMENT RECORD

1 Name of current/most recent Employer _____

Address: _____

State: _____ Zip: _____ Tel. No.: _____

Type of Business: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

Supervisor's name and title: _____

List the jobs you held, duties performed, skills used or learned, advancement or promotions: _____

May we contact your current employer? Yes No

2 Name of previous Employer _____

Address: _____

State: _____ Zip: _____ Tel. No.: _____

Type of Business: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

Supervisor's name and title: _____

List the jobs you held, duties performed, skills used or learned, advancement or promotions: _____

May we contact your current employer? Yes No

3 Name of next previous Employer _____

Address: _____

State: _____ Zip: _____ Tel. No.: _____

Type of Business: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

Supervisor's name and title: _____

List the jobs you held, duties performed, skills used or learned, advancement or promotions: _____

May we contact your current employer? Yes No

4 Name of next previous Employer _____

Address: _____

State: _____ Zip: _____ Tel. No.: _____

Type of Business: _____

Dates Employed: From _____ To _____

Reason for leaving: _____

Supervisor's name and title: _____

List the jobs you held, duties performed, skills used or learned, advancement or promotions: _____

May we contact your current employer? Yes No

Are you over 18 years of age?

Yes

No

Are you authorized to work in the United States?

Yes

No

(Federal Law requires proof of identity and employment authorization for all new employees)

For Driving Job only: Do you have a valid Driver's License?

Yes

No

License Number and State Issued: _____

EDUCATION (circle last year completed)

High School 1 2 3 4 College 1 2 3 4

School Name and Location _____

Major Subject _____

OTHER JOB-RELATED EDUCATION

If you are an experienced operator of any business/plant machines or equipment, please list: _____

Other job related skills: _____

APPLICATION STATEMENT

Dependent upon State requirements, I understand I will be required to submit background related information so that various background checks can be conducted, including, but not limited to: criminal history, fingerprint clearance, proof of certification or licensure, etc. I may also be required to submit to a pre-employment physical and/or pre-employment, post-accident, reaonable cause or random drug and alcohol test, as dictated byCountry Lane Memory Care policy and/or state law. I authorize Country Lane Memory Care to have access to this information.

I also understand that any job offer that may be extended to me will be contingent upon the successful completion of various background checks, pre-employment physicals as dictated by State law, and on the prvision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions, misleading information and/or false statements on this application or during any interviews may result in termination of employment.

I authorize Country Lane Memory Care to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with Country Lane Memory Care. I hereby release and hold Country Lane Memory Care harmless from any claim for releasing any truthful information within its knowledge and/or records.

Finally, I understand and acknowledge that any employment relationship with Country Lane Memory Care is of an 'at will' nature, which means the Employee may resign at any time and the Employer may terminate Employee at any time with or without cause and with or without notice. It is further understood that no one in Country Lane Memory Care has the authority to enter into any agreement for employment for a specified period of time, or to make any other representations or agreement inconsistent with this.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature of Applicant: _____

Date: _____



Country Lane Memory Care 875 Riverton Road, Riverton, Illinois 62561
Tel: **217-629-4265** Email: **reception@countrylanememorycare.com**

APPLICATION FOR EMPLOYMENT - REFERENCES

Applicant Name (PRINT) _____

Please give the names of three persons that we may contact who are NOT related to you, who you have known for at least one year, and who can evaluate your job-related knowledge and abilities. Please include at least one Supervisor.

Name _____ Supervisor _____

Phone (Day) _____ (Evening) _____

Address _____

_____ State: _____ Zip: _____

Name _____ Relationship _____

Phone (Day) _____ (Evening) _____

Address _____

_____ State: _____ Zip: _____

Name _____ Relationship _____

Phone (Day) _____ (Evening) _____

Address _____

_____ State: _____ Zip: _____

I understand that Country Lane Memory Care will check the references provided in this application, including my former employers, supervisors and schools. I authorize these individuals, companies and institutions to furnish Country Lane Memory Care with any information they have about me, and I release and hold them and Country Lane Memory Care harmless from any liability or damage whatsoever with respect to the release of this information.

Signature of Applicant: _____ **Date:** _____