

Mineral Area CPRC / New Horizons / Hillsboro House / Mereliz Psychiatric Clustered Apartments

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three **professional** work references (only 1 reference may be a friend or family member).

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Previous Employment

Company: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: From: To:
Rank at Discharge: Type of Discharge:
If other than honorable, explain:

Previous/ Current Training

Level 1 Medication Aide ___ NO ___ Yes If yes, date of certification or expiration date _____
CPR 1st Aide ___ NO ___ Yes If yes, date of certification or expiration date _____
Other (please specify): ___ NO ___ Yes If yes, date of certification or expiration date _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date:

Office Use Only

Interview Date: Interviewer(s):
Interview Date: Interviewer(s):
Reference Check(s) by and date:
Family Care Safety Registry Verification: Drug Screen Completed:
HS/GED Verified: Transcripts Received Experience Verification
Physical Received Start date: Entry wage:
Additional Comments: