

1001 Craig Rd, Suite 200
St. Louis, MO 63146

APPLICATION FOR EMPLOYMENT

This facility is an equal opportunity employer. We recruit, hire, train, and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or handicap.

PLEASE PRINT ALL REQUIRED INFORMATION.

Date Completed _____

EMPLOYMENT DESIRED	POSITION OR TYPE OF WORK _____			
	SEEKING			
	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> DAY	<input type="checkbox"/> WEEKENDS
<input type="checkbox"/> PART TIME, SPECIFY DAY & HRS PER WEEK _____	<input type="checkbox"/> SUMMER	<input type="checkbox"/> EVENING	<input type="checkbox"/> HOLIDAYS	
<input type="checkbox"/> PER DIEM POOL	<input type="checkbox"/> WEEKEND OPTION	<input type="checkbox"/> NIGHT	<input type="checkbox"/> LIVE-IN	
ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

PERSONAL INFORMATION	LAST NAME				FIRST	MIDDLE	OTHER NAMES BY WHICH YOU HAVE BEEN EMPLOYED	
	ADDRESS (NO. STREET)			CITY		STATE		ZIP
	TELEPHONE NUMBER () ()		ALTERNATE NUMBER () ()		EMAIL ADDRESS			
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				HOW DID YOU LEARN ABOUT US			
	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO				NEWSPAPER AD <input type="checkbox"/> (Please Specify) _____			
					OTHER PUBLICATION <input type="checkbox"/> (Please Specify) _____			
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY: <input type="checkbox"/> ASSISTED LIVING OF BRIDGETON (MIZPAH MANOR) <input type="checkbox"/> TOWER GROVE MANOR <input type="checkbox"/> FRANCIS PLACE <input type="checkbox"/> BROOKING PARK <input type="checkbox"/> J CPF ["J QWUG'FQE ***** <input type="checkbox"/> THE SARAH COMMUNITY <input type="checkbox"/> THE WILLOWS <input type="checkbox"/> NEW FLORENCE <input type="checkbox"/> CAPE ALBEON <input type="checkbox"/> SENIOR SOLUTIONS <input type="checkbox"/> ST. ANDREWS RESOURCES FOR SENIORS SYSTEM DATES EMPLOYED FROM _____ TO _____				JOB FAIR/OPEN HOUSE <input type="checkbox"/> SCHOOL <input type="checkbox"/> _____			
					FACILITY EMPLOYEE <input type="checkbox"/> (Please specify) _____			
					OTHER <input type="checkbox"/> (Please Specify) _____			
					LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY US:			
		NAME		RELATIONSHIP		DEPT		
		NAME		RELATIONSHIP		DEPT		
MAY WE SHARE YOUR APPLICATION WITH OTHER ST. ANDREW'S COMMUNITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
DO YOU HAVE THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PLEASE EXPLAIN) _____								
INDICATE ANY REASONABLE JOB ACCOMMODATIONS THAT MAY BE MADE TO BETTER ENABLE YOU TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING:								
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE DETAILS (Conviction does not necessarily disqualify you from employment. The nature of the crime, date of conviction, and extenuating circumstances are considered.)								

PLEASE LIST YOUR JOB HISTORY FOR **THE PAST TEN YEARS OR LAST FOUR EMPLOYERS**; STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. INCLUDE MILITARY SERVICE. DO NOT INCLUDE INTERNSHIPS OR EXPLANATIONS OF PERIODS OF UNEMPLOYMENT; INCLUDE THOSE IN SECTION "ADDITIONAL INFORMATION" ON PAGE 3.

EMPLOYMENT HISTORY

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	ZIP _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	ZIP _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	ZIP _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	ZIP _____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

EDUCATION

HIGH SCHOOL (NAME AND CITY)		ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF GED DATE RECEIVED
COLLEGE OR OTHER SCHOOLS	LOCATION (CITY/STATE)	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERT	COURSE OF STUDY

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

TYPE OF LICENSE, REGISTRY OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	EXPIRATION DATE

IF NOT CURRENTLY REGISTERED, LICENSED, OR CERTIFIED, ARE YOU ELIGIBLE? YES NO

WHEN WILL YOU/DID YOU SIT FOR YOUR EXAMINATION? DATE _____

SPECIAL SKILLS

PERSONAL COMPUTER CNA TYPING _____ WPM
 WORD PROCESSING HOMEMAKER TRANSCRIPTION
 CRT HOUSEKEEPING SHORTHAND _____ WPM
 HOME HEALTH AIDE ESCORT MEDICAL TERMINOLOGY

HARDWARE USED _____

SOFTWARE USED _____

OTHER SPECIAL SKILLS _____

ADDITIONAL INFORMATION

PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE APPLICABLE, eg, INTERNSHIPS, MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, ADDITIONAL RELEVANT EMPLOYMENT, AND EXPLANATION OF ANY GAPS IN EMPLOYMENT. EXCLUDE ANY INFORMATION WHICH WOULD DENOTE RACE, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, RELIGIOUS, OR POLITICAL AFFILIATIONS.

PERSONAL REFERENCES

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____

NAME: _____
 ADDRESS: _____
 PHONE NUMBER: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, ancestry, sexual orientation, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me if I am offered employment or at any time during my employment. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor, or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

SIGNATURE

DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

NAME		POSITION			
DEPARTMENT		EMPLOYEE STATUS <input type="checkbox"/> PER DIEM <input type="checkbox"/> WEEKEND <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> CASUAL PART TIME <input type="checkbox"/> PRN			
BI-WEEKLY HOURS	CLASSIFICATION <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	SHIFT		SHIFT DIFFERENTIAL	
START DATE		TIME TO REPORT ON FIRST DAY		ORIENTATION DATE	
SALARY/HOURLY WAGE	EXEMPT/ANNUAL SALARY	NEW POSITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR			

 HUMAN RESOURCES DEPARTMENT

 DATE

INTERVIEWED BY: NAME	DATE
_____	_____
INTERVIEWED BY: NAME	DATE
_____	_____