

505 E. Main St.
Lewiston, MN 55952

Office Ph: 507-522-3500
Fax: 507-522-3502



Application for Employment

Lewiston Senior Living does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL INFORMATION			
NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT QUESTIONS		
POSITION DESIRED	DATE AVAILABLE TO WORK	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRED BY: Temporary Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> _____		
Employee (name) _____		

EDUCATION			
NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL/GED			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
OTHER			
LIST ANY LICENSES, AWARDS, CERTIFICATIONS, OR REGISTRATIONS PERTINENT TO YOUR APPLICATION.			

EMPLOYMENT HISTORY (Attach a resume or separate sheet to list additional employment.)

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	POSITION	SUPERVISOR'S NAME	SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES

NAME	RELATIONSHIP AND TITLE	COMPANY NAME AND ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

ADDITIONAL INFORMATION

Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, volunteer activities, hobbies, social activities, clubs or professional organizations (list offices held), publications, accomplishments, etc. (Exclude information indicative of race, color, religion, sex, age, marital status, national origin, disability, or veteran status.)

SIGNATURE AND AUTHORIZATION

Acceptance of this application affords no assurance of eventual employment. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.

I have read the foregoing instructions and question and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature of Applicant

Date



Background Check Release Profile

Department of Human Services/State of Minnesota

Addendum to Inquiry Release: NETStudy 2.0 is designed to enhance protection of children and vulnerable adults by improving the accuracy of background studies through fingerprint-based criminal record checks and expanding the crime information database. See MN Statutes 245C. By filling out this information, you are in agreement to provide your personal data to be entered into the NETStudy2.0 system for the fingerprint-based criminal record check. The requested information on the ID you present at the fingerprinting location must exactly match the information below. The other information requested below not on your ID further identifies you for your study

Initial Information/Please Print:

First Name: _____ Last Name _____

Full Middle Name _____ *SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____

SSN is not required by law or DHS: But is necessary to have your study transferrable to other providers

Personal Email Address to which you want your background study invitation to be sent. Email is sent by IDEMIA/Identigo :

Email: _____

Applicant Profile:

Phone Number (Cell / Home): (_____) _____

Current Address (or Address on ID): _____ Dates: _____ to _____

Address _____ City: _____

State: _____ Zip: _____ County: _____

Mailing Address (if different): _____ City: _____

State: _____ Zip: _____ County: _____

Previous Addresses in Last 5 Years (Use Back of Form for Additional Space)

Address: _____ Dates: _____ to _____
City: _____

State: _____ Zip: _____ County: _____

Address: _____ Dates: _____ to _____
City: _____

State: _____ Zip: _____ County: _____

Alias/Other Names: _____

Personal Information

Date of Birth: ____ / ____ / ____ Race: _____ Sex: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Place of Birth (City, State, Other): _____ U.S. Citizen: Yes or No

Type of Picture ID: _____ Driver's License / Armed Forces / Passport / Visa / Other

ID Number: _____ Expiration Date: ____ / ____ / ____

Employee / Applicant Signature: _____ Date: _____