

EMPLOYMENT APPLICATION

PERSONAL DATA					
Last Name	First Name	Middle Name	Date Application Completed		
Cell Phone ()	Home Phone ()	Email Address			
Address	City	State	Zip Code	Length of Residence	
JOB INTERESTS					
Position Applying For:	How were you referred to us?	Date Available for Work?	Anticipated Wage:		
Why would you like to work for this community?					
Please indicate your full availability below					
Work Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN (as needed)	Shifts Available <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift	Days Available <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
EDUCATION					
Circle the Highest level of education completed:	9 10 11 12 High School Diploma Associate Bachelors Masters				
Name of School or College:	Degree	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LICENSE / CERTIFICATIONS / SKILLS					
Type of License/Certification (s)	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?	
Type of License/Certification (s)	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?	
List any other experiences, skills, hobbies, or qualifications that may benefit our organization:					
GENERAL INFORMATION					
Are you legally authorized to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You will be required to provide documentation proving your eligibility to work in the USA			
Do you have reliable transportation to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to a St. Anthony's Gardens employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to whom?			
Are you excluded from Participation in Federal Health Care Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:			
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what job(s)?			
Have you been employed by this community or one of its sister communities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give location and dates:			

EMPLOYMENT HISTORY				
Company Name (present or most recent employer)		Employment Dates		
		From:	To:	
Company Address	City	State	Wage: \$	<input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				
Company Name (present or most recent employer)		Employment Dates		
		From:	To:	
Company Address	City	State	Wage: \$	<input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				
Company Name		Employment Dates		
		From:	To:	
Company Address	City	State	Wage: \$	<input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				
Company Name		Employment Dates		
		From:	To:	
Company Address	City	State	Wage: \$	<input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				
PROFESSIONAL REFERENCES (no relatives)				
Name	Company/Job Title	Phone Number	Email Address	Years Worked Together
1.				
2.				
3.				



ST. ANTHONY'S GARDENS

A Senior Living Ministry of the Archdiocese of New Orleans

Applicant Authorization

PLEASE READ BEFORE SIGNING

I understand that by submitting this application, I am applying for a job at St. Anthony's Gardens (hereinafter known as the "Community"). I further understand that if hired, I will be employed by St. Anthony's Gardens (hereinafter known as the "Employer") which will exercise exclusive control over the terms and conditions of my employment. Any reference to the Community's location or use of its logo on application and employment materials or any reference to St. Anthony's Gardens or use of its logo on application and employment materials is for marketing and branding purposes, and is not intended to create an employment relationship. I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Employer or the Community and me. If I am employed by the Employer, I will be an employee-at-will. This means that both the Employer and I have the right to terminate my employment at any time, for any reason, with or without cause. I acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a PPD skin test, drug screen, background check, driving record check (if applicable) and references.

The Employer is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature: _____

Date: _____