Cumberland Ridge
Committed to Caring

In order to be considered for employment with Cumberland Ridge Assisted Living you must pass a drug screen.

Cumberland Ridge Assisted Living is an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, citizenship, sexual orientation, gender identity, disability, or any other bases of discrimination prohibited by law

APPLICATION FOR EMPLOYMENT

Position applied for: _____ Date of application: _____

☐ FULL-TIME ☐ PART-TIME ☐ PRN (as needed) Date available for work: _____

How were you referred to us: ☐ NEWSPAPER ☐ COMPANY EMPLOYEE ☐ SCHOOL ☐ AGENCY ☐ ON MY OWN ☐ OTHER (specify below)

Specify other: _____

PERSONAL

NAME: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

ADDRESS: _____ TELEPHONE NUMBER: _____

_____ YEARS LIVED AT PRESENT ADDRESS: _____

HAVE YOU BEEN EMPLOYED AT CUMBERLAND RIDGE AT ANY TIME? ☐ NO ☐ YES If yes, list dates: _____

FOR DEPARTMENT MANAGER USE ONLY:

If yes, Cumberland Ridge reference checked with Executive Director at Cumberland Ridge on: (Date) _____

Comments _____

*****Attention: If individual is not eligible for rehire at Cumberland Ridge, applicant is NOT eligible for hire. DO NOT PROCEED*****

EDUCATION

List educational qualifications that you believe will help you perform the job for which you are applying

	SCHOOL (WITH ADDRESS)	DEGREE/DIPLOMA
1		
2		
3		
4		

GENERAL

PROFESSIONAL LICENSE HELD: _____ EXPIRATION DATE: _____

HAVE YOU EVER WORKED OR FILED AN APPLICATION HERE BEFORE? ☐ NO ☐ YES

IF YES, PLEASE LIST DATES AND EXPLAIN: _____

_____

EXPECTED PAY RATE: _____ ARE YOU OVER THE AGE OF 18? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (including any guilty, no contest, or similar pleas?) (exlcude only minor traffic violations) ☐ NO ☐ YES

IF YES, PLEASE EXPLAIN: _____

_____

_____

DO YOU HAVE OTHER WORK RELATED SKILLS OR QUALIFICATIONS THAT YOU BELIEVE WOULD HELP YOU PERFORM THE JOB?

☐ NO ☐ YES IF YES, PLEASE EXPLAIN: _____

*****PLEASE COMPLETE THE REVERSE SIDE*****

EMPLOYMENT HISTORY

List all current and most recent employers

EMPLOYER: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE NUMBER: ______________

TITLES AND DUTIES: ______________________ RATE OF PAY: ______________

PERIOD EMPLOYED: ______________________ REASON FOR LEAVING: ______________

SUPERVISORS NAME AND TITLE: ______________________

EMPLOYER: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE NUMBER: ______________

TITLES AND DUTIES: ______________________ RATE OF PAY: ______________

PERIOD EMPLOYED: ______________________ REASON FOR LEAVING: ______________

SUPERVISORS NAME AND TITLE: ______________________

EMPLOYER: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE NUMBER: ______________

TITLES AND DUTIES: ______________________ RATE OF PAY: ______________

PERIOD EMPLOYED: ______________________ REASON FOR LEAVING: ______________

SUPERVISORS NAME AND TITLE: ______________________

REFERENCES

PROFESSIONAL

	NAME	ADDRESS	PHONE	BUSINESS
1.				
2.				
3.				

PERSONAL

	NAME	ADDRESS	PHONE	BUSINESS
1.				

CERTIFICATION

(please read the following carefully and sign in the space provided)

I hereby certify that the facts set forth in the employmenet application and accompanying resume, if any, are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information on the employment application may disqualify me from further consideration for employment and, if employed, will subject me to dismissal.

I certify that I am a true bona fide applicant honestly interested in the position (s) for which I have applied and am seeking employment with this company soley to provide me with the benefits of a job, and for no other purpose.

If I am considered for employment, I understand that I will be required to have a physical examination and urine and/or blood drug screening designed to determine whether I am able, with or without reasonable accomodation, to perform the essential functions of the job offered, as specified by the Company, and that final acceptance for employment is subject to passing this examination. I further understand that any misrepresentation of information or failure to disclose information at the time of my physical may result in emplyment disqualification or dismissal. Upon my hiring, I may be subject to random urine and /or blood drug screening.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature of any such report.

Signature of Applicant: ______________________ **Date:** ______________