

# EMPLOYMENT APPLICATION

*Each section and the questions must be fully and accurately answered.  
No action will be taken on an incomplete application.*

**PERSONAL INFORMATION**

email: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

UPON HIRE, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE US?  YES  NO

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO AK DRIVER'S LICENSE #: \_\_\_\_\_

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY OUR COMPANY?  YES  NO

IF YES, PLEASE PROVIDE THEIR NAME: \_\_\_\_\_

ARE YOU ABLE TO LIFT 50 POUNDS ON A REGULAR BASIS?  YES OR  NO

LIST ANY TICKETS YOU HAVE RECEIVED OR ACCIDENTS YOU HAVE BEEN INVOLVED IN WITHIN THE LAST 36 MONTHS?  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES OR  NO

IF YES, GIVE DATE, PLACE AND NATURE OF CRIME (Convictions will not necessarily disqualify applicant, each case is considered individually).  
\_\_\_\_\_

**EDUCATION**

SCHOOL	ADDRESS	GRADUATED? YES	GRADUATED? NO	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS OR CORRESPONDENCE				

DO YOU HAVE CNA/CMA/RN OR OTHER CERTIFICATION?  YES OR  NO

LICENSE # \_\_\_\_\_

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DO YOU HAVE OTHER SPECIALIZED TRAINING OR EXPERIENCE?

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

## AVAILABILITY

	MON	TUES	WED	THUR	FRI	SAT	SUN
DAYS							
SWING							
NIGHTS							
ON CALL							

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include names and phone numbers of persons we may contact who are familiar with your work history. This information can also be provided on a resume (if all information is included).

**1. EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REFERENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

# EMPLOYMENT APPLICATION

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REFERENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

# EMPLOYMENT APPLICATION

3. **EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REFERENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

4. **EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATES EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REFERENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **APPLICANT STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that any employment relationship with this organization is an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer. I understand that my employment may be contingent upon successful completion of a drug screening by urinalysis. I may be required to be tested for drugs at any time during my employment. I understand that these samples are tested for presence of illegal drugs, and other substances that may adversely affect job performance. I have had an opportunity to have my questions about this statement's content and intent answered and understands its terms.

# EMPLOYMENT APPLICATION

SIGNATURE OF APPLICANT

DATE

## *Haines Assisted Living is an Equal Opportunity Employer*

Please answer the following questions. (These questions are required for all positions.)

1. *Why do you want to work with the Haines Assisted Living team?*

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2. *What are your interests, passions, and goals?*

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3. *One of your co-workers calls you the night before your day off. He is sick and asks you to work. You could do this but you would have to rearrange some plans. What would you do? Why?*

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4. *You work the day shift and are relieved by a co-worker that comes in at the end of your shift. This person is late on a regular basis. You spoke to them once and they promised not to let it happen again. Their tardiness continues. What would you do?*

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5. *You are caring for Mrs. Elliott, a 93-year old lady who lives at Haines Assisted Living. Her husband passed away 5 years ago. They were married for 55 years. Mrs. Elliott has a son who lives in Haines. She has a diagnosis of dementia. Today she keeps asking when her son is going to visit and is getting very anxious. She is pacing around the room and wringing her hands. What would you do?*

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6. *What are your computer skills? (Example: I can use email, type a letter, enter data on a spreadsheet or form.)*

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7. *Please provide name and contact information for three personal references:*

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HAL, Inc. \* PO Box 916 \* Haines \* AK \* 99827  
(907) 766-3616 \* FAX (907) 766-3617  
info@hainesassistedliving.org

08/2022

# EMPLOYMENT APPLICATION

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_