HillHouse Assisted Living

Application for Employment

Department applying for _____ Position wanted _____ Shift preference _____ No. of hours available to work ____

Personal Information				
Name		Date		
First MI	Last			
Address				
Street City	h e ve e	State		Zip code
Telephone numbers cell			other	
Email address			-	
Education				
High School		_ Graduated	Y N GED	Date
Name				
College		Degree		
Name			Type/Dat	
Graduate/Professional School			Degree	9
Nam Other Training				
Previous Employment				
Employer		From	То	Title
Address				
Supervisor				
Work performed				
Reason for Leaving				
Employer				
Address				
Supervisor				
Work performed				
Reason for Leaving				
Employer				
Address				
Supervisor				
Work performed				
Reason for Leaving				
Professional and Business Refer			.	
1. Name				
Professional relationship				
2. Name				
Professional relationship				
3. Name				
Professional relationship				

Additional Information

Have you ever been convicted of any crime? ______ If yes, please explain_____

Have you ever filed an application with HillHouse before? ______ If so, when? ______ State any friends or relatives employed by HillHouse

Were you referred by anyone currently working at HillHouse? If so, who?

On what date are you available to begin work?

Describe any specialized training, skills, or other qualifications or experience that we might wish to know about _____

Signature

I certify that the information contained in this application is true and correct and I understand that if accepted for employment at HillHouse, any omission or misstatement may result in my immediate dismissal.

I authorize HillHouse Assisted Living and its agents and employees to contact any reference or any previous employer identified in this application or in any interview. I authorize any reference or any previous employer to release to HillHouse any information they may have about my employment history or information relevant to my employment. I authorize HillHouse to conduct a criminal background check as required by the State of Maine regulations that govern Assisted Housing Facilities. I release HillHouse Assisted Living, its agents and employees, from any and all liability for damages that may result from the disclosure of any reference information or criminal background check.

Signature_____

___Date____

		Hours requested		
Interview / Reference Information				
Rejected Accepted	Position	Date to start		
Other information				
Wage information				
Date of orientation				