

MARIAN ESTATES APPLICATION FOR EMPLOYMENT

Marian Estates is an equal opportunity employer.

All portions of this application must be completed. Incomplete applications will not be considered for employment opportunities at Marian Estates.

Application Date: ____/____/____

Last Name	First Name	Middle Initial	Social Security #
Address		City, State, Zip	Phone Number
Referred By: Walk In _____	Staff Member _____ Employment Agency _____	Newspaper _____ Online _____	Alternate phone

THIS APPLICATION IS CONSIDERED CURRENT FOR 90 DAYS ONLY.
IF EMPLOYMENT IS OFFERED, YOU WILL BE REQUIRED TO SUBMIT
IDENTIFICATION IN ACCORDANCE WITH IMMIGRATION AND
NATURALIZATION SERVICE REQUIREMENTS.

Please Initial _____

Please Initial _____

Have you ever been employed with Marian Estates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when:
Have you used names or Social Security Numbers Other than those on this page?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list:

EMPLOYMENT DESIRED

Position Desired	Date Available	Salary Desired	Restrictions Working: <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime
Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	Please list any specific skills you possess which you feel are relevant to the position(s) you are applying for:		
Professional Certificates or Licenses Held:		License Number	

Have you ever been investigated by the Board of Nursing? _____ (Yes or No) Have you ever been investigated by Senior And Disabled Services? _____ (Yes or No) Have you ever been investigated for abuse that was substantiated? _____ (Yes or No) Signature _____

Marian Estates is a Drug Free Campus

EMPLOYMENT RECORD (Please list most recent position first)

MOST RECENT EMPLOYER	Are you currently working for this employer? If yes, may we contact them?	Yes Yes	No No
Company Name	Address	Supervisor	Phone # Fax #
Date of Employment	Job Title	Wage/Salary per	
From: Responsibilities:	To:	Exact Reason For Leaving	

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EDUCATION

High School Graduate	Yes	No	GED	Yes	No
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Post Secondary Education Name of College, School or University	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received

RELEASE OF INFORMATION STATEMENT

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Marian Estates to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed reference, or any other persons who can verify information. I further authorize Marian Estates to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each such persons and former employer from liability for providing such information.

Signature _____ **Date** ____/____/____

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsifications and/or omissions in any details are grounds for disqualification from consideration for employment or if hired, for dismissal from employment. I further understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no recruiter or interviewer or other representative of Marian Estates, other than the company owner, has any authority to enter into any agreement for employment for any specified period of time.

Signature _____ **Date** ____/____/____



390 Church St.
Sublimity, OR 97385
503-769-3499 phone
503-769-3569 fax

REFERENCE INFORMATION RELEASE FORM to: _____

_____ Has applied for employment with our company, and has listed your business as a reference. We would appreciate your assistance in providing the following information. Please fax back to 503-769-3569 or mail to 390 Church St, Sublimity, OR 97385.

Sincerely,

Sherrie Ashley
Human Resources Director

RELEASE OF INFORMATION STATEMENT BY APPLICANT

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Marian Estates to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify information. I further authorize Marian Estates to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorized all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each such person's former employer from liability for providing such information.

Signature _____

Date _____

TO BE FILLED OUT BY PREVIOUS EMPLOYER:

Company Name: _____

PLEASE COMMENT ON THE FOLLOWING :

Position: _____ Dates of Employment _____ to _____

Would you rehire this individual? Yes _____ No _____

Other Comments: _____

Name of Contact _____ Title _____