

**APPLICATION FOR EMPLOYMENT**  
**(Please Print Clearly)**

*Redington Memorial Home does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, military status, veteran status, or disability. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however, its receipt does not imply employment for the applicant.*

**C O N F I D E N T I A L**

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PERSONAL INFORMATION

Date of Application \_\_\_/\_\_\_/\_\_\_ Date Available to Work \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you cannot be reached at the above phone number, where may we contact you?

Contact Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you legally eligible to work in the USA? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you are under age 18, please indicate your age: \_\_\_\_\_  
If you are under age 18, can you supply working papers \_\_\_\_\_ Yes \_\_\_\_\_ No

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EMPLOYMENT DESIRED:

Specify days you are available ( <i>Circle</i> )	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	All
Specify times you are available ( <i>Circle</i> )	Day		Evenings		Nights		All	
Specify desired employment status ( <i>Circle</i> )	Full Time		Part Time		Casual			

Indicate Desired Position 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_  
3<sup>rd</sup> Choice \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specify Desired Salary \$ \_\_\_\_\_

How did you learn of this opening \_\_\_\_\_ ?

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What other special skills do you have or licenses do you hold that may be relevant to this position?

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any limitations you may have which would limit your ability to perform the essential functions of the position(s) for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain \_\_\_\_\_

**EDUCATION** Highest Grade completed (Circle)

8      9      10      11      12      Cert/Assoc      Bachelors      Masters

	Name of School	Location,( City, State)	Courses Taken	Diploma, Degree Or Certificate Received
Grammar or Grade School				
High School				
College or University				
Vocation/Technical School				
Other Training				

**EMPLOYMENT HISTORY** *(Please list all positions beginning with the most recent position first. If you need additional space, please attach an additional page)*

EMPLOYER NAME	DATE EMPLOYED	SALARY RANGE	TITLE DUTIES	REASON FOR LEAVING
Name _____ Address _____ _____	From _____/_____/_____ To _____/_____/_____	Starting \$ _____ Ending \$ _____	_____ _____ _____ _____	_____ _____ _____ _____
Supervisor _____ Telephone# _____ May we contact this employer for reference? _____ Yes _____ No				

EMPLOYMENT HISTORY (Please list all positions beginning with the most recent position first. If you need additional space, please attach an additional page)

EMPLOYER NAME	DATE EMPLOYED	SALARY RANGE	TITLE DUTIES	REASON FOR LEAVING
Name _____ Address _____ Supervisor _____ Telephone# _____ May we contact this employer for reference? _____ Yes _____ No	From _____ / _____ / _____ To _____ / _____ / _____	Starting \$ _____ Ending \$ _____	_____ _____ _____ _____	_____ _____ _____ _____
EMPLOYER NAME	DATE EMPLOYED	SALARY RANGE	TITLE DUTIES	REASON FOR LEAVING

EMPLOYER NAME	DATE EMPLOYED	SALARY RANGE	TITLE DUTIES	REASON FOR LEAVING
Name _____ Address _____ Supervisor _____ Telephone# _____ May we contact this employer for reference? _____ Yes _____ No	From _____ / _____ / _____ To _____ / _____ / _____	Starting \$ _____ Ending \$ _____	_____ _____ _____ _____	_____ _____ _____ _____

Please list at least two personal references, not related to you, whom you have known at least one year:

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

If your former employment references or education are under a name other than that presented on the front of the application, please indicate:

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*Last*                                      *First*                                      *Middle Initial*

Please provide the name(s) and positions of any relatives you have who work for Redington Memorial Home:

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*Name*                                      *Title*                                      *Name*                                      *Title*

Please list any additional information which will assist us in placing you:

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Have you ever been charged with or investigated for physical and/or sexual abuse or harassment of another person?                                       Yes                                       No

Have you ever been convicted of a crime/misdemeanor?                                       Yes                                       No

Have you ever entered a plea of guilty or "no contest" to any crime?                                       Yes                                       No

If yes, please list approximate date, nature of offense, location, status and penalty. \_\_\_\_\_

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Have you ever been convicted of a felony?                                      Yes  No

If yes, please explain \_\_\_\_\_

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Is there a criminal action currently pending against you?                                       Yes                                       No

If yes, please list approximate date, nature of offense, location, status, and penalty \_\_\_\_\_

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Has any court ever deferred, filed, or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime?                                       Yes                                       No

Have you ever been convicted of a felony?                                       Yes                                       No

If yes, please explain \_\_\_\_\_

For VAN DRIVERS only:

Have you ever been charged with a traffic offense; or pleaded guilty or “no contest” to a traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

My signature below constitutes authorization to check my employment history, including the above and including without limitation, criminal arrest and conviction, record checks, reference checks, and release of investigative information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Redington Memorial Home contacts in connection with my employment application to fully provide Redington Memorial Home any information on matters set forth above. I expressly waive in connection with any request for, or provision of such information, any claims, including the above and without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Redington Memorial Home, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include Board members and Administrators.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I acknowledge that I may be required to take a drug test at any time during my employment with Redington Memorial Home.

Finally, I understand that employment by the Redington Memorial Home is an at-will basis and that if employed, either the Redington Memorial Home or I may terminate my employment at any time, for any reason.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

**Received:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_