



THE GARDENS CARE HOMES

Application For Employment

We are an Equal Opportunity Employer.

Please print legibly.
Complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
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Phone Number	Mobile Number	Email Address
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Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are You Willing To Submit To A Drug Screening Test Before Or During Employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are You Willing To Undergo A Background Check? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Birth Date:
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Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

Full Time Part Time PRN

Education

School Name	Location	Years Attended	Degree Received	Major

References - Professional Only

Name	Title	Company	Phone

Employment History - Begin With Most Recent

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Availability - Put an x on shifts you are available to work. If hired, you will be scheduled according to below

Are you willing to work in more than one of our homes? Yes No

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7a-3p							
3p-11p							
11p-7a							

Signature Disclaimer

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.

Name (Please Print)	Signature
Date	