



Employment History

Company Name: _____ Telephone #: _____

Address: _____

Name of Supervisor: _____

May we contact? Yes No Reason: _____

Dates Employed (month/year): From: _____ To: _____

Hourly Pay: _____ Reason for Leaving: _____

Job verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Remarks: _____ <p style="text-align: center;">Office use ONLY</p>

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Education

College: _____

Did you graduate? _____ Degree/Diploma _____

Trade or Technical School: _____

Did you graduate? _____ Degree/Diploma _____

High School: _____

Did you graduate? _____ Degree/Diploma _____

Military: Did you serve in the U.S. Armed Forces? ____ Yes ____ No

If yes, in what branch? _____

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The information provided in this application for employment is true and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Orientation Date & Time: _____

Position: _____

FT/PT & Shift Working: _____

Salary: _____

EDL Check

____ Yes ____ No

Date Checked: _____ Initials: _____

Confirmation #: _____

Prior Employment Checks

Chesterfield: ____ Yes ____ No _____

Dougherty Ferry: ____ Yes ____ No _____



AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION

COMPANY NAME PHONE NUMBER

WHILE EMPLOYED WITH YOU I USED THE NAME: MY SOCIAL SECURITY #:

I HAVE APPLIED FOR EMPLOYMENT WITH GARDEN VIEW CARE CENTER OF CHESTERFIELD. INFORMATION REGARDING MY EMPLOYMENT WITH YOUR ORAGANIZATION FOLLOWS:

DATES FROM: TO: POSITION:

I AUTHORIZE YOU TO FURNISH GARDEN VIEW CARE CNETER WITH ANY INFORMATION YOU MAY HAVE CONCERNING MY EMPLOYMENT WITH YOUR ORGANIZATION. I RELEASE YOU FROM AND LIABILITY FOR DAMAGES FOR THIS INFORMATION.

SIGNATURE DATE SOCIAL SECURITY NUMBER

*Any information furnished relative to the application of the above individual will be treated with the strictest confidence. An applicant will not be eliminated or selected on the basis of a single reference. Please complete the employment reference section on the bottom of this letter.

Thank you,

Garden View Care Center

DATE OF HIRE: DATE EMPLOYMENT ENDED:

ENDING SALARY: ELIGIBLE FOR REHIRE YES NO

REASON FOR TERMINATION:

SIGNATURE TITLE DATE

****PLEASE COMPLETE AND RETURN THIS FAX TO: GARDEN VIEW CARE CENTER OF CHESTERFIELD 1025 CHESTERFIELD POINTE PARKWAY CHESTERFIELD, MO 63017 (PHONE) 636-537-3333 (FAX) 636-530-9755

