



Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application; they may be attached for additional reference.

GENERAL INFORMATION				
Last Name	First	Middle	Date	
Street Address			Home Phone ()	
City	State	Zip	Alternate Phone ()	
Have you ever been convicted of a felony or released from prison in the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case: (Convictions will not necessarily disqualify you for the position.)			Social Security Number - -	
Have you ever applied for employment with Summit Pointe Senior Living Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when/what position?		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for Summit Pointe Senior Living Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when/what position?		If hired can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT INTERESTS				
Position(s) Applied For:	Location	Salary Desired	Date Available	
Type of Employment Desired Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____		Days/hours available for work Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>		
How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other _____				
EDUCATION				
School	Name and Address of School	Course of Study	Did you graduate?	Degree or Diploma?
High School			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				
Type	State Issued	Expiration Date	License Number	
<input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN				

EMPLOYMENT HISTORY List complete employment history: 1) begin with current or most recent position; 2) include military experience; 3) include all positions, regardless of their relation to the position for which you are applying; 4) include *dates* of employment for past five (5) years only.

1	Company Name	Phone	From Mo./Yr.		To Mo./Yr.	
	Street Address	City	State	Zip	Starting Pay	Ending Pay
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name	Phone	From Mo./Yr.		To Mo./Yr.	
	Street Address	City	State	Zip	Starting Pay	Ending Pay
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name	Phone	From Mo./Yr.		To Mo./Yr.	
	Street Address	City	State	Zip	Starting Pay	Ending Pay
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Company Name	Phone	From Mo./Yr.		To Mo./Yr.	
	Street Address	City	State	Zip	Starting Pay	Ending Pay
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES				
	Name	Company	Title	Phone (include area code)
1				
2				
3				

ACKNOWLEDGEMENT

Read before signing

I understand and agree that any offer of employment is conditional upon completing and passing a medical screening based on the physical demands of the job for which I am applying, acceptable reference checks, criminal background check, and successful completion of the orientation period.

I authorize investigation of all statements contained in this application and I understand that misinformation given on my employment application form and during the medical screening is sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks I might receive, is intended to create an employment contract between Summit Pointe and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Summit Pointe. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and Summit Pointe retains a similar right regarding the termination of my employment.

I WOULD LIKE TO RECEIVE A COPY OF MY CBC REPORT. Yes No

Applicant Signature:

Date:

STATEMENT OF NON-DISCRIMINATION

Summit Pointe Senior Living Community is committed to a policy of equal treatment and opportunity without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, sexual orientation, age, or disability (except when based on a bona fide occupational qualification). This includes, but is not limited to: recruitment, hiring, selection for training, transfer, promotion, rates of pay and other forms of compensation.

An Equal Opportunity Employer

Thank you for your interest in Summit Pointe Senior Living Community.

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