



601 24th Ave SW, Minot, ND 58701 ♦ wellington@srt.com ♦ Phone: (701) 858-9800 or 1-800-717-9633

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY.

NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: (H) _____ (W) _____ (OTHER) _____

LAST SCHOOL ATTENDED: _____ CITY/STATE: _____

HIGHEST GRADE COMPLETED: _____ DEGREE: _____

CERTIFICATIONS/LICENSES, ETC.: _____

POSITION DESIRED: _____

DATE AVAILABLE: _____ MINIMUM SALARY: _____

AGE: _____ (Please circle)
DO YOU POSSESS A VALID DRIVER'S LICENSE & INSURANCE? OVER 18 UNDER 18
YES NO
HAVE YOU BEEN CONVICTED OF A FELONY
WITHIN THE PAST SEVEN YEARS? YES NO
IF YES, PLEASE EXPLAIN: _____

ARE YOU SEEKING? FULL TIME _____ PART TIME _____
ARE YOU WILLING TO WORK? DAY _____ EVENING _____ NIGHT _____ ROTATING _____
WHY WOULD YOU BE GOOD WORKING WITH THE ELDERLY? _____

REFERENCES

PLEASE PROVIDE 3 PROFESSIONAL REFERENCES THAT COULD VERIFY YOUR WORK ETHICS

NAME	PHONE	ADDRESS	BUSINESS	YEARS KNOWN
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1. _____
2. _____
3. _____

EMPLOYMENT HISTORY (MOST RECENT FIRST)

1. CURRENT OR MOST RECENT EMPLOYER

EMPLOYER: _____ ADDRESS: _____

PHONE: _____ JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ WAGE: START: _____ FINAL: _____

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

DESCRIBE DUTIES: _____

2. NEXT MOST RECENT EMPLOYER

EMPLOYER: _____ ADDRESS: _____

PHONE: _____ JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ WAGE: START: _____ FINAL: _____

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

DESCRIBE DUTIES: _____

3. NEXT MOST RECENT EMPLOYER

EMPLOYER: _____ ADDRESS: _____

PHONE: _____ JOB TITLE: _____ SUPERVISOR: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ WAGE: START: _____ FINAL: _____

MAY WE CONTACT? YES NO REASON FOR LEAVING: _____

DESCRIBE DUTIES: _____

WERE YOU EMPLOYED BY ANY OF THESE UNDER A DIFFERENT NAME? YES NO
IF YES, PLEASE INDICATE: _____

PLEASE EXPLAIN ANY GAPS IN YOUR LAST 5 YEARS OF EMPLOYMENT OF MORE THAN 3 MONTHS: _____

AGREEMENT & SIGNATURE

My signature below certifies that I have completed this application honestly and all information is true and correct. I understand that it is The Wellington's right to check references and former employers to inquire about my work history and work ethics. I authorize all references, former employers, credit agencies, educational institutions, law enforcement agencies, city, county, state and federal courts as well as military services to release information about my background. I understand that an inquiry into my background will be made before any employment offer is made. Any misrepresentation or omission of any facts in my application, resume, or other materials can be justification for refusal of employment, or if employed, termination. I also understand that if an offer of employment is made, I am willing to submit to a criminal background check. I also understand my employment and compensation can be determined with or without cause or notice, at any time, at the option of either the company or myself. Finally, I understand this application is not an offer of employment.

SIGNATURE: _____ **DATE:** _____