

You will be given the option of emailing this form automatically at the end of the application or you may mail it to the address below or deliver in person. Immediate interviews available during business hours.

Application for Employment

Seasons Memory Care
15600 Woods Chapel Rd, Kansas City, MO

This facility is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran's status.

Date of Application: _____ Date Available to Begin Work: _____

*Applications are only good for 30 days only. Consideration for employment after 30 days requires a new application

Name: _____ Social Security #: _____
Last First Middle Initial

Present Address: _____ Phone Number: _____
Street City/State Zip Code

Employment Desired		
Position/Job	Shift/Hours	Rate of Pay

Full Time Have you ever worked here before? Yes No
 Part Time
 PRN/As Needed **If Yes, when?** _____

Are you under 18 years of age? Yes No Are you legally eligible to work in the U.S.? Yes No

List any friends or relatives already working here: _____
Name Relationship

Education and Training

Select Highest Grade Completed 8 9 10 11 12 13 14 15 16 17 18

Name	City/State	Dates		Degree Awarded
		From	To	
High School				<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.
College or Vocational				
Other:				

Licensure(s):
 RN LPN Other: _____

State	License#	Expiration

Has any professional license ever been disciplined? Yes No N/A
 If Yes, explain in comments section

Were you in the U.S. Armed Forces? Yes No Dates of Service: _____ to _____
 Did you receive an Honorable Discharge? Yes No Branch of Service: _____

Other Training CPR Certified Exp Date: _____ IV Certified Insulin Certified Other: _____
 EMR Type: _____ Software Describe: _____

JOB-RELATED COMMENTS including other special skills, memberships in professional associations, awards, licensures, registrations, etc.

Employment History:

List employers in reverse order starting with your most recent. Include U.S. Military Service

Employer 1	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 2	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 3	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 4	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 5	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____

**If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

If any employment was under a different name, please indicate name(s): _____

May we contact the employers listed above? Yes No If no, list which one(s) you do not wish us to contact _____

Explain any gaps of greater than one month in you work history: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain: _____

Except for minor traffic violations, have you ever been convicted of a crime? Yes No If yes, explain: _____

Have you ever been excluded from working due to findings of abuse, neglect, theft, fraud or another other disqualifying condition? Yes No If yes, explain: _____

*A criminal conviction or prior history of an exclusion will not necessarily prevent you from being hired

References:

Professional: Include at least two if possible

Personal: Include at least one if possible

Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Caseyville Nursing and Rehab to hire me. If I am hired, I understand that either Caseyville Nursing and Rehab or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Caseyville Nursing and Rehab has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Caseyville Nursing and Rehab true and complete information on this application. No requested information has been concealed. I authorize Caseyville Nursing and Rehab and its authorized agents to verify any job-related information provided in connection with this application and release Caseyville Nursing and Rehab and any persons, companies or corporations from liability or responsibility for the information obtained. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. If employed, I understand that I will be required to provide proof of eligibility to work within three days of hire or risk being dismissed.

Signature: _____

Date: _____

Office Use Only

Interview Date: _____

Interviewer Name: _____

Interview Notes: