

EMPLOYMENT APPLICATION



DRIVING LICENSE INFORMATION:

Do you have a Drivers License? Yes No If Yes:

State of Issue: _____ License Number: _____ Expiration Date: _____

License Type: Operator Commercial (CDL) Chauffeur

NOTE: You will be asked to provide your Driver's License and Social Security card so that HSSL can photo copy it.

What is your means of transportation to/from work?

MILITARY HISTORY:

Have you ever been in the armed forces? Yes No

Are you currently a member of the National Guard? Yes No

Specialty: _____ Date Entered: _____ Date Discharged: _____

NURSING EXPERIENCE:

Licensed (check all that apply):

RN LPN CNA NA Reg Med Tech CPR First Aid

NOTE: You will be required to provide copies of all documentation/certification(as) prior to being considered for a nursing position.

OFFICE EXPERIENCE:

Personal Computer (PC): Yes No

MS Windows Applications? Excel; Word: Access: Email (Outlook) or Other: _____

Other Office Skills: _____

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REFERENCES - Please list two references other than relatives or friends.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone (____) _____	Telephone (____) _____

ADDITIONAL INFORMATION - Use the space below to provide additional information necessary to describe your full qualifications specific to the position you are seeking.

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WORK EXPERIENCE – Please list your work experience for the past five years beginning with the most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer Information (Most recent):	Name of Supervisor	Employment Dates	Pay or Salary
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:		From:	Start:
Address:		To:	Final:
City/State/Zip:		Last job title:	
Phone Number:			

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Have you ever worked for Hidden Springs Senior Living before? _____

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No If not, who did? _____

SIGNED: _____ **DATE:** _____
 (Signature required)

NOTE: Your signature grants HSSL permission to: 1). Test you for TB, 2) Conduct a criminal background check, 3) Perform a drug and alcohol screening.

Favorable results of these tests considers you for employment but does not guarantee it.