



Waters Edge Assisted Living
322 County Highway 6
Clinton, MN 56225
Main Line: 320-325-5414
Fax Line: 320-343-9069
clintoncarecenter@gmail.com

Application for Employment

Waters Edge Assisted Living is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation status, regard to public assistance, or any other legally protected status.

All offers of employment shall be considered conditional based upon the following conditions: Accurate completion of this and all employment forms; negative results of a tuberculin test; Listed on the Minnesota Nursing Assistant Registry, if applicable; completion and passing of a background check, reference checks, and if applicable, driving records; and Legally eligible for employment in the United States of America.

Today's Date _____

Last Name _____ First Name _____ MI _____

Address _____ City, State, Zip _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Social Security # _____ - _____ - _____ Date of Birth: _____

State Driver's License ID: _____ Driver's License Expiration Date: _____

Position(s) applying for _____ Pay Expected per Hour: _____

Shift preferred (circle choice) 1 2 3

1. Are you seeking part or full-time employment? _____

2. Have you been employed with us before? _____

If yes, give date(s) position _____

3. Have you ever applied for employment with us before? _____

If yes, give date(s) _____

4. Are you legally eligible for employment in the United States? _____

If yes, proof is required _____

5. Are you of legal age to work in the United States? _____

Are you an (circle one) RN – LPN – CNA - Other _____

Please provide your RN/LPN License #/Expiration date: _____

Please provide your CNA license #/Expiration date: _____

Do you have any special training or skills related to the position(s) you are applying for?

Please write a few sentences telling us why you have chosen to work in health care.

EDUCATIONAL BACKGROUND

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS/ TECHNICAL				

EMPLOYMENT EXPERIENCE

List your most recent employment first.

Company Name _____ Phone _____

Address _____ Job Title _____

Supervisor _____

Dates Employed: From _____ To _____

Starting Pay Rate _____ Ending Rate _____

Describe work performed _____

Reason for leaving _____

Company Name _____ Phone _____

Address _____ Job Title _____

Supervisor _____

Dates Employed: From _____ To _____

Starting Pay Rate _____ Ending Rate _____

Describe work performed _____

Reason for leaving _____

Company Name _____ Phone _____

Address _____ Job Title _____

Supervisor _____

Dates Employed: From _____ To _____

Starting Pay Rate _____ Ending Rate _____

Describe work performed _____

Reason for leaving _____

Company Name _____ Phone _____

Address _____ Job Title _____

Supervisor _____

Dates Employed: From _____ To _____

Starting Pay Rate _____ Ending Rate _____

Describe work performed _____

Reason for leaving _____

Please explain any intervals between employment dates of three months or longer

PERSONAL REFERENCES

Do not include former employers or family members

Name _____ Phone # _____

Address _____

Occupation _____

Name _____ Phone # _____

Address _____

Occupation _____

Name _____ Phone # _____

Address _____

Occupation _____

PLEASE READ CAREFULLY AND SIGN BELOW

By this signature, I certify, that to the best of my knowledge, the facts contained on my application are true and correct without substantial omissions. I understand that if I am chosen for employment, any false information on this application may result in immediate discharge. I understand that the Minnesota Department of Human Services (DHS) mandates Waters Edge to conduct criminal background studies on individuals who have direct contact with patients and residents in a Housing with Services establishment. Any felonies or misdemeanors are an automatic disqualification from the background study. **I understand that I must be able to pass the required background study before actually starting the job, if hired.** I further understand that this application is not intended to be a contract of employment, nor does this application obligate Waters Edge in any way, if they decide to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No other employment for any specified period of time

or to make any agreement contrary to the foregoing and then only in writing and signed by an Officer of the corporation.

I further understand that Water Edge is an equal opportunity employer and provider.

I agree to submit to a Mantoux test, or chest x-ray, if a previous mantoux test has been positive, in compliance with the State of Minnesota, Department of Health Regulation 4655.3000, subparts 1-4.

REMEMBER TO SIGN AND DATE THE EMPLOYMENT APPLICATION. THANK YOU FOR YOUR INTEREST IN WORKING AT WATERS EDGE.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – For Office Use Only

Interviewed?

___ Yes: Interviewed by _____ Date _____

___ No: Comments: _____

Conditional Offer of Employment Given?

___ Yes

___ No: Comments: _____

Hired?

___ Yes

___ No: Comments: _____

Referred by any current employee? If yes, who:
