



RIPLEY COUNTY COLONIAL HOME, INC.

COMPANY APPLYING FOR			
	The Colonial Home		Walnut Street: Assisted Living
			Colonial Home Care
DATE:	POSITION(S) APPLYING FOR:		ARE YOU 18 YEARS OR OLDER? YES or NO
PERSONAL INFORMATION			
LAST NAME		FIRST NAME	
		MIDDLE INITIAL	
SOCIAL SECURITY #:	ADDRESS: <i>Street, City, State, Zip</i>		PHONE #:
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES or NO		<i>If (YES) Please Explain</i>	
NOTIFY IN CASE OF EMERGENCY	NAME:		PHONE:
	NAME:		PHONE:
HOW DID YOU LEARN ABOUT US? (Please Specify)			
Advertisement	Friend		Inquiry
Employment Agency	Relative		Other
WHEN YOU AVAILABLE TO WORK?	FULL TIME		DAYS
	PART TIME		NIGHTS

EDUCATION INFORMATION													
Elementary	HIGH SCHOOL (<i>Circle last completed year</i>)					COLLEGE: (<i>Major</i>)							
Jr. High	1	2	3	4	1	2	3	4	5	6	7	8	
SKILLED TRAINING:				SPECIAL SKILLS:									
CERTIFICATIONS / LICENCE HELD: _____ YEAR OBTAINED: _____													
CURRENT STANDING: YES or NO STATE(S) HELD: _____													

HAS AT LEAST 1 YEAR EXPERIENCE (paid or unpaid):		
	Caring for Children	Elderly
		Infirm

Proof of citizenship or immigration status and vehicle insurance will be required upon employment.



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EMPLOYMENT RECORD

List the last three positions you have held; give last position first.

NAME:	DATE : FROM	TO
ADDRESS:	CITY:	STATE:
PHONE:	CONTACT PERSON / SUPERVISOR:	
POSITION	REASON FOR LEAVING:	

NAME:	DATE : FROM	TO
ADDRESS:	CITY:	STATE:
PHONE:	CONTACT PERSON / SUPERVISOR:	
POSITION	REASON FOR LEAVING:	

NAME:	DATE : FROM	TO
ADDRESS:	CITY:	STATE:
PHONE:	CONTACT PERSON / SUPERVISOR:	
POSITION	REASON FOR LEAVING:	

Are you presently employed?	What are your career goals?	
Have you ever been employed by this company?	If so, when?	Position:

List at least 3 personal and/or professional references. Please include telephone numbers.

NAME	PHONE #:	OFFICE USE ONLY: CONTACTED

Before we hire an applicant we check the EMPLOYMENT DISQUALIFICATION LIST: Please sign here for permission to contact previous employers and/or reference(s) listed above

SIGNITURE: _____

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REFERENCE INQUIRY FORM

NAME:

S.S.#:

This above named has applied to our company for employment. Please complete the appropriate section below and return it as soon as possible.

APPLYING FOR POSITION:

Homemaker	CNA	RCF Aide	LPN	RN	Office
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AUTHORAZATION FOR RELESE

I hereby release from all liability the company or person completing this form and authorize to release all information in regard to my employment with said company.

APPLICANT SIGNITURE: _____ DATE: _____

To be filled out by reference or telephone reference by supervisor.

DATES OF EMPLOYMENT: FROM: ___/___/___ TO: ___/___/___

NAME OF COMPANY:

PHONE:

ADDRESS:

(CITY)

(STATE)

(ZIP)

REFERENCE NAME:

TITLE:

Is employee eligible for rehire?

Reason for termination?

Did he/she get along with other workers (explain):

Quality of work:

Punctual:

Appearance:

Initiative:

Sick Days:

2 Week Notice:

Independence:

Additional Comments:

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