



THREE LINKS CARE CENTER APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, marital status, sexual preference, or other protected classification.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone () _____

Are you over 16 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Positions applied for: 1. _____ 2. _____

When can you start? _____

How did you learn of this opening? _____

Have you worked here before? Yes No

If yes, under what name? _____ What position? _____

Are there any hours, shifts or days you cannot or will not work? _____

Shifts preferred: _____ Part-time: _____ Full-time _____

Have you ever been convicted of a felony? Yes No (A criminal background check is required for employment at Three Links Care Center. A conviction will not necessarily disqualify an applicant for employment.)

If yes, describe: _____

EDUCATION

	Name And Location of School	Years Completed	Major	Diploma/ Degree
High School				
College/University				
Other Education				
Other Training/Educ				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially qualify you for work at Three Links Care Center? _____

EMPLOYMENT HISTORY (list most recent first)

Employer _____ Supervisor _____ Phone _____

Street _____ City _____ State _____ Zip code _____

From (mo/yr)____ to (mo/yr)____ F/T P/T (no. hrs. per wk.)____ Job Title _____

Work Performed (be specific) _____

Reason for leaving: _____

Employer _____ Supervisor _____ Phone _____

Street _____ City _____ State _____ Zip code _____

From (mo/yr)____ to (mo/yr)____ Full-time Part-time (no. hrs. per wk.)____ Job Title _____

Work Performed (be specific) _____

Reason for leaving: _____

Employer _____ Supervisor _____ Phone _____

Street _____ City _____ State _____ Zip code _____

From (mo/yr)____ to (mo/yr)____ Full-time Part-time (no. hrs. per wk.)____ Job Title _____

Work Performed (be specific) _____

Reason for leaving: _____

WORK REFERENCES

Name	Address	Phone Number
1.		
2.		
3.		



THREE LINKS CARE CENTER
815 FOREST AV.
NORTHFIELD MN 55057

APPLICANT'S CERTIFICATE AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Three Links Care Center to make an investigation of any of the facts set forth in this application.

I understand that employment at Three Links Care Center is "at will," which means that either I or Three Links Care Center can terminate the employment relationship at any time with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Three Links Care Center other than the CEO/Administrator has any authority to alter the foregoing.

I hereby authorize Three Links Care Center to contact the employer listed below to verify information obtained during my employment with the named facility.

Date: _____ Applicant's signature _____



THREE LINKS CARE CENTER
815 FOREST AV.
NORTHFIELD MN 55057

I hereby authorize Three Links Care Center to contact the employer listed below to verify information obtained during my employment with the named facility.

Date: _____

Applicant's signature _____

REFERENCE REQUEST

To _____ (Previous Employer):

We are considering _____ for the position of _____ in our facility. Your cooperation in completing the information below would be greatly appreciated. Please return in the enclosed envelope at your earliest convenience. The information will be held in strict confidence. Thank you.

When was applicant employed with you? _____ to _____

Job Title: _____

Quality of work: _____

Dependability: _____

Ability to work with others: POOR AVERAGE GOOD VERY GOOD

Eligible for rehire: YES NO

Comments: _____

Signed: _____ Facility Representative: _____

Title: _____

Phone Number: _____

Date: _____