Employment Application

APPLICANT NAME: _____
Address: _____
City: _____ State:_____ Zip:_____
How Long: _____
Phone #_____
DL#_____ Class_____

How did you hear about this position?
____ In-House ____ Internet ____ News Paper
____ One-Stop ____ Walk-In ____ Other: _____

ROSEWOOD CARE CENTER
1547 PLUMAS COURT
YUBA CITY, CA 95991

HUMAN RESOURCE DEPT.
PHONE: 530-751-9911
FAX: 530- 751-9915
WEBSITE: http://www.wgcc.us

License # 517003766

DATE:

POSITION APPLIED FOR: _____

Full time ☐ **Part time** ☐ **On Call** ☐

Days Desired: S M T W Th F Sun Shift Desired: AM PM NIGHTS

EDUCATION

HIGH SCHOOL NAME AND LOCATION:
_____

COMMUNITY COLLEGE ATTENDED: DEGREE:
_____ _____

UNIVERSITY ATTENDED: DEGREE:
_____ _____

TRADE SCHOOL/ OTHER TRAINING/ COURSES/ SPECIALIZATION:
_____

_____

EMPLOYMENT HISTORY

PLEASE PUT PRESENT OR MOST RECENT FIRST
MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? YES ☐ NO ☐

1. NAME OF EMPLOYER: _____ POSITION: _____
ADDRESS: _____ START DATE: _____END DATE: _____
PHONE #_____
SUPERVISOR: _____
DUTIES: _____
REASON FOR LEAVING: _____

2. NAME OF EMPLOYER: _____POSITION: _____
ADDRESS: _____ START DATE: _____END DATE: _____
PHONE #_____
SUPERVISOR: _____
DUTIES: _____
REASON FOR LEAVING: _____

3. NAME OF EMPLOYER: _____ POSITION: _____
ADDRESS: _____ START DATE: _____END DATE: _____
PHONE #_____
SUPERVISOR: _____
DUTIES: _____
REASON FOR LEAVING: _____

OFFICE SKILLS

DO YOU HAVE EXPERIENCE WITH: ☐ WORD PROCESSING ☐ EXCEL ☐ QUICKBOOKS

☐ FILEMAKER PRO ☐ OTHER: PLEASE LIST_____

☐TYPING SKILLS: _____WPM

REFERENCES

OTHER THAN RELATIVES OR CURRENT EMPLOYEES OF THE FACILITY

NAME	OCCUPATION	ADDRESS	PHONE #

OTHER

AWARDS/ ACHIEVEMENTS/ CERTIFICATES:

HOBBIES AND INTERESTS:

ADDITIONAL COMMENTS OR REMARKS:

I AGREE TO PROVIDE A HEALTH SCREEN OR PHYSICAL EXAM RELATED TO THE ESSENTIAL REQUIREMENTS OF THE POSITION YES ☐ NO ☐

I AGREE TO BE FINGERPRINTED AND WILL COMPLETE A CRIMINAL RECORD STATEMENT FOR A BACKGROUND CHECK/CLEARANCE. YES ☐ NO ☐

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge, and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic, or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last know address.

I give consent for an agent of the company to obtain such personal and job related information as required in connection with this application.

DATE: _____ SIGNATURE: _____