

**MINNEOTA MANOR HEALTH CARE CENTER**

*P.O. Box 117 Minneota, MN 56264*

**EMPLOYMENT APPLICATION**

NAME \_\_\_\_\_

Last

First

Middle Initial

Permanent Address \_\_\_\_\_

Street or RR

City

State

Zip Code

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ If not, what is your age? \_\_\_\_\_

Are you a citizen of the U.S.? Yes or No If no, are you authorized to work in the U.S.? Yes or No

Are you related to anyone in our employ? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

***EMPLOYMENT DESIRED***

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Professional License Number \_\_\_\_\_ Are you employed now? \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

***EDUCATION***

Name and Location of High School \_\_\_\_\_ Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_

College		

Other specialized training

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***EMPLOYMENT EXPERIENCE*** List below 3 employers starting with the last one first.

Name & Address of Employer	From (date, month, & year)	To	Salary	Position	Reason for leaving

***REFERENCES*** Give the names of 3 persons, not related, whom we may use for references.  
References should have known you for at least 1 year.

Name	Address	Telephone Number	Relationship	Years Known

Have you ever been convicted of child abuse or vulnerable adult abuse? \_\_\_\_\_

The above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date