

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 _____

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