



APPLICATION FOR EMPLOYMENT

First Name:		Last Name:		MI:
Address:				
State:		City:	Zip:	
Phone:		Social Security Number:		
Date of Birth: ____/____/____		Email:		
Are you a citizen of the U.S.? ☐ No ☐ Yes <i>If offered employment, you will be required to provide documentation to verify eligibility.</i>				
Have you ever worked for Maple View? ☐ No ☐ Yes <i>If yes, when and what position(s)?</i>				
Do you have relatives currently working for us? ☐ No ☐ Yes <i>If yes, who?</i>				
Is there any information we would need about your name, or use of another name, for us to be able to check your work record? ☐ No ☐ Yes <i>If yes, please explain</i>				
Have you ever been convicted of or plead guilty to a crime? ☐ No ☐ Yes Answer NO for any annulled, expunged or sealed records; minor traffic offenses; or any conviction that was pardoned, discharged, or dismissed upon condition of probation. If you checked YES, please provide details. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation. (Answering yes will not necessarily be a bar to employment).				
How did you learn of this employment opportunity? ☐ Walk-In ☐ Job Fair ☐ Social Media ☐ Online Recruiting Platform (Indeed, Glassdoor, etc.) ☐ Website ☐ Referral _____				

EMPLOYMENT DESIRED

Type of work or position(s) desired:
Type of employment desired: ☐ Full Time ☐ Part Time ☐ PRN
What shifts can you work: ☐ Day Shift ☐ Evening Shift ☐ Night Shift
Date available for work:

EDUCATION

High School:	Location:
Did you graduate: ☐ No ☐ Yes	Degree/Diploma Earned:
College:	Location:
Did you graduate: ☐ No ☐ Yes	Degree/Diploma Earned:
Other:	Location:
Did you graduate: ☐ No ☐ Yes	Degree/Diploma Earned:
Specialized Training, Skills or Qualifications:	

PROFESSIONAL LICENSE

Attach a copy of your professional license or CNA certificate, if applicable.

Type of registration(s) held:	State registered in:
State registration number:	
Has your license to practice in any jurisdiction ever been denied, terminated, limited, revoked, suspended, voluntarily or involuntarily surrendered, relinquished, or subjected to probationary terms, or is there a pending action or challenge to do so? ☐ No ☐ Yes	
<i>If yes, please explain</i>	

EMPLOYMENT HISTORY

List most recent employment first. Complete ALL sections even if attaching a resume.

Company:		Phone #:
Address:		Supervisor:
Job Title:		Employment Dates:
Starting Salary:	Ending Salary:	May we contact now: ☐ No ☐ Yes
Duties:		
Reason for leaving:		

Company:		Phone #:
Address:		Supervisor:
Job Title:		Employment Dates:
Starting Salary:	Ending Salary:	May we contact now: ☐ No ☐ Yes
Duties:		

Reason for leaving:

REFERENCES

List three (3) references other than former or current employers and relatives

Name:	Phone #:
Address:	Relationship:

Name:	Phone #:
Address:	Relationship:

Name:	Phone #:
Address:	Relationship:

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully and initial each paragraph before signing below.

I, _____ (printed name), hereby certify that all statements on this applications are true and correct to the best of my knowledge and belief. I agree, if I am employed and information is found to be false in any way, I am subject to dismissal without notice. I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ INITIAL

By my signing below, I understand that my employment with the company may depend upon successful completion of a background check that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions in order to assist Maple View in making certain employment decisions. I hereby consent to such screening and record checks.

_____ INITIAL

I release all individuals, companies, cooperations and agencies, private or public, connected therewith from any and all liability associated with the dissemination of such information. I further understand that Maple View will make every effort to verify the accuracy of its reports but is not responsible for third-party data entry errors or inaccurate information maintained by government agencies.

_____ INITIAL

I understand if I am hired I will be employed at-will, which means that my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself.

_____ INITIAL

I give permission for a complete check of my driving record including any state where I presently have or have had a driver's license or permit as may be deemed necessary in judging my capability to do the work for which I am applying.

_____ INITIAL

I understand that Maple View facilities are alcohol and drug-free workplaces. I understand that I may be subject to drug screening and/or drug testing at any time. Maple View facilities are smoke-free; I agree to abide by the facility's smoking policies.

Applicant Signature: _____ Date: _____

For hiring consideration Employment Applications must be fully completed

Maple View is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.