

RIVER OF LIFE RESIDENTIAL LIVING LLC.

45 BATTLE CREEK RD. ST. PAUL, MN 55119 TEL: 651-714-9720 FAX: 651-714-8216

Employment Application

Applicant Information							
Full Name:	ll Name:						
	Last	First		M.I.			
Address:							
	Street Address			Apartment/Unit #			
	City			State ZIP Code			
Place of Bi	rth:			Social Security No.:			
Phone:				Email			
Date Availa	able:	<u> </u>		Hours Available:			
Position Ap for:	pplied						
Check One	e: 🔲 Full Time	🗌 Part T	'ime	e 🗌 Temp/ Seasonal 🗌 On Call			
			NO				
Are you a c	ritizen of the United Stat	es?		U.S.?			
Have you e company?	ever worked for this	YES	NO	If yes, when?			
Have vou e	ever been convicted of a	YES	NO				
felony?							
If yes, explain:							
			Edu	ucation			
High Schoo	ol:	Ad	ldres	SS:			
				YES NO			
From:	То:	Did you grad	duate	te? 🗌 🔲 Diploma:			
College:		Ad	ldres	SS:			
_	_			YES NO			
From:	То:	Did you grad	duate	te? 🗌 🔲 Degree:			
Other:		Ad	ldres	ss:			

From:	To: Did you grad	YES duate? 🗌	NO De	gree:	
		References			
Please list t	hree professional references.				
Full Name:				Relationship:	
				Phone:	
Address:					
Full Name:			· · · · · · · · · · · · · · · · · · ·	Relationship:	
Address:					
Full Name:				Relationship:	
	Previ	ous Employr	nent		
Company:				Phone:	
Address:					
Job Title:					
Duties:					
From:	То:	Reason	for Leaving	:	
May we con reference?	tact your previous supervisor for a	YES	NO		
Company:				Phone.	
Job Title:					
Duties:					
From:	То:	Reason	for Leaving	:	
May we con reference	tact your previous supervisor for a	YES	NO □		

Signature:	Date:			
Rules and Regulation	ns of Employment			
I will follow the rules and regulations of River of Life I understand that in no event shall my hiring be cons myself and River of Life Residential Living LLC. I also with the exception of a position change deemed by Ra	idered as a contractual agreement between o understand that my salary is non-negotiable,			
Signature:	Date:			
Condition Upon	Employment			
If I receive an offer of employment, I understand that I will not use any drugs unless prescribed by a doctor during my employment at River of Life Residential Living LLC. I understand that during the hiring process I will be subjected to a background check and a physical examination as per regulations. By signing, I give consent for the process to take place.				
Signature:	Date:			
Release of In	formation			
I understand that my employment is contingent on the results of my background check and validation from my references. Therefore, I hereby authorize River of Life Residential Living LLC. to investigate all statements provided on this application; contact former employees, listed references, or who is able to verify this information, only to the employees involved in the hiring process. I also give my consent to provide the required and any additional information to River of Life Residential Living LLC.				
Signature:	Date:			
COPIES NEEDED FOR EMPLOYMENT: DRIVERS LICENSE, SOCIAL SECURITY, NURSES AID CERTIFICATION, FIRST AID, CPR AND OTHER RELEVANT CERTIFICATIONS				
Statements and	Disclaimers			
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Company: _				Phone:
Address: _				Supervisor:
Job Title: _				
Duties:				
From:	То:	Reason for	Leaving:	
May we con reference?	tact your previous supervisor for a	YES	NO □	

Falsification of Records

This application was completed by me. I certify that the information written is correct to the best of my knowledge. I understand that falsification or omission of this application will result in the dismissal and termination of employment.

I______ hereby verify to River of Life Residential Living LLC. that I am not currently taking narcotics or any other medications that will jeopardize/compromise the resident's safety while I am employed,

I_____ am aware that this job requires lifting at lease fifty pounds (50 lbs.) when needed, and I am able to do so.

Battle Creek Care Home Inc. is an equal opportunity employer and hires qualified individuals without regard to race, color, creed, marital status, sex, age, national origin, religion, disability, ancestry, veteran/military status, sexual orientation or any other protected classes, or if on public assistance.

	Completed by River of Life F	Residential Living	
🗌 Walk-In	🗌 Employee Referral	Other	
Interviewed by:		Date:	
Hire Date:	Termina	ation Date:	
Reason for Termination:			
Updated 10/17/19			