



Asheir Manor

Assisted Living

Providing Quality Care from the Heart

www.asheirmanor.com

Germantown, Maryland

301-250-6660

JOB APPLICATION

Date: _____

Name _____ Social Security Number _____

Address _____

City

State

Zip

Home Tele: _____

Cell Phone: _____

Other phone: _____

Email _____

JOB TYPE				
Days available for work:				
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
<input type="checkbox"/> Sat	<input type="checkbox"/> Sun			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Days	<input type="checkbox"/> Nights			
Additional Information				
Do you have a driver's <input type="checkbox"/> YES <input type="checkbox"/> NO		Driver's license Number	Issued in what state?	
Have you had any accidents during the past three years			How many?	
EDUCATION				
School	Address	Years Graduated	Major	Degree/Diploma
High School				
University/College or Trade School				
Are you a licensed : <input type="checkbox"/> ALM <input type="checkbox"/> Delegating Nurse <input type="checkbox"/> CNA <input type="checkbox"/> GNA <input type="checkbox"/> Med. Tech <input type="checkbox"/> NONE				
Do you have current CPR Training?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have Current First Aid Training?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Initials _____



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WORK EXPERIENCE

*Please list **ALL** work experiences beginning with your most recent job held.
Attach additional sheets if necessary.*

JOB 1

Company	Name of last Supervisor	Hrs./week
Address	Start Date	Starting Salary
City, State, Zip code	End Date	Final Salary
Phone number	Your Last Job Title	
Reason for leaving (be specific)		
List jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

JOB 2

Company	Name of last Supervisor	Hrs./week
Address	Start Date	Starting Salary
City, State, Zip code	End Date	Final Salary
Phone number	Your last Job Title	
Reason for leaving (be specific)		
List jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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REFERENCES

Please include name, phone number, and circumstances of your acquaintance.

Please do not include relatives

1.

2.

3.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company may be terminated.

Signature:

DATE:

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Following Information Is Required Before Employment Can Begin.

- Application
- Background Check (within 30 days pre-hire)
- Chest X-ray/PPD
- CNA Certification if applicable
- CPR License (current)
- Driver's License /or other Picture ID/or Passport
- First Aid License (current)
- Med Tec License if applicable (current)
- References
- Social Security or Tax ID

Initials _____