

Legacy Place Application for Employment

Please mail or fax completed application to:

Legacy Place Memory Care at Waterloo

518 Legacy Dr.

Waterloo, IL 62298

Attention: Linda Young

lyoung@liveatlegacyplace.com

Phone: 618-939-4344

PERSONAL INFORMATION

Date: _____

Name: _____ SS Number: _____
Last First MI

Present Address: _____
Street City State Zip Code

Primary Phone Number: _____ E-mail: _____

EMPLOYMENT DESIRED

Position: _____ Shift(s): (Please circle) 7a-3p | 3p-11p | 11p-9a | Floater | FT | PT | M-F | Weekends

Cook | Dining Room Aide | Housekeeping | Resident Assistant | Other: _____

Date you can start: _____ Desired Salary: _____ Are you employed now? ____ May we inquire there? ____

Have you ever applied for employment with Legacy Place? _____ If so, when? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDEND	DID YOU GRADUATE?	SUBJECTS STUDIES/DEGREE(s)
Grade School				
High School				
College				
Trade/Business/ Certifications				

GENERAL

Have you ever been convicted of a crime, including a sexual offense? _____

Subjects of special study or special skills: _____

FORMER EMPLOYERS (List below the last four employers beginning with the most recent employer first)

DATE MONTH AND YEAR	NAME/ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: Give the name of three persons not relation to you, who you have known at least one year.

NAME	PHONE NUMBER	HOW YOU ARE AQUAINTED	# OF YEARS
1.			
2.			
3.			

In case of an emergency please notify: _____

Name

Relationship

Address

Phone Number

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am in consideration of my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changes, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contract to the foregoing.”

Signature

Date

OFFICE USE ONLY: Do not write below this line.

Interviewed by: _____ Date: _____

Salary: _____ Availability: _____ Shifts: _____

Appearance: _____ Experience: _____

T-Shirt Size: _____ Employee Initials: _____