

# APPLICATION FOR EMPLOYMENT

HR USE ONLY

Company: Rest Haven Homes, Inc.

Address: 1424 Union NE

City: Grand Rapids, MI 49505

Applicant No.	_____
Employee No.	_____
Department	_____
Mailbox	_____
Date Employed	_____

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Documents Received	
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Background/Fingerprint Checks
<input type="checkbox"/>	Interview Record
<input type="checkbox"/>	Tax/Direct Deposit forms
<input type="checkbox"/>	Employee I-9 Form

Date: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Present address \_\_\_\_\_  
No. Street City State Zip

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Cell Number \_\_\_\_\_

Do you have legal right to be employed in the United States? Yes No

Are you over the age of 18? Yes No

Have you ever been convicted of a crime? Yes No

Do you use tobacco products in any form? Yes No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary  Casual

Desired Shift \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Who referred you? \_\_\_\_\_

I would be good at this job because \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Nursing Program/ School			
High School			
Other			

## LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

<b>1</b>	<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION(S) HELD</b>				
	ADDRESS, CITY, STATE, ZIP								
	PHONE		DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS								
	NAME OF SUPERVISOR		REASON FOR LEAVING						
	BASE GROSS INCOME	STARTING WAGE \$	per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$

<b>2</b>	<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION(S) HELD</b>				
	ADDRESS, CITY, STATE, ZIP								
	PHONE		DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS								
	NAME OF SUPERVISOR		REASON FOR LEAVING						
	BASE GROSS INCOME	STARTING WAGE \$	per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$

<b>3</b>	<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION(S) HELD</b>				
	ADDRESS, CITY, STATE, ZIP								
	PHONE		DUTIES / RESPONSIBILITIES						
	TYPE OF BUSINESS								
	NAME OF SUPERVISOR		REASON FOR LEAVING						
	BASE GROSS INCOME	STARTING WAGE \$	per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per	<input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$

**PROFESSIONAL/WORK REFERENCE**

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

**SPECIAL SKILLS**

Please check the skills for which you have received training:

Word Processing (WPM \_\_\_\_\_)  Data Entry

CEU Classes: \_\_\_\_\_

Languages: \_\_\_\_\_

Awards/Recognition: \_\_\_\_\_

CPR Certification: \_\_\_\_\_

Other: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons or sources from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination, drug test, nicotine test, and a background check.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice and at will.

I understand that Rest Haven Homes, Inc. is a tobacco free campus and does not hire persons who use tobacco in any form. Persons who come to work smelling like tobacco or smoke will forfeit the remainder of the shift and be subject to disciplinary action.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

Due to the nature of the work performed at Rest Haven Homes, Inc. it is required for employment that each applicant is able to read with understanding and write with clarity in English on all resident and job related documentation.

This signature certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date (mm/dd/yyyy)