

KRIS LEIGH

COMMUNITIES

Types of Positions You are Interested in		Desired Salary	Social Security #
Last Name		First Name	middle Initial
Home Address		Home Phone	
City, State, Zip		Email Address	
Have you ever been convicted of or pled "no contest" to any offenses other than minor traffic violations? NOTE: Reckless driving and DUI are considered to be criminal traffic violations.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.			
Are you legally eligible for employment within the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any previous names under which you have been employed.			
Do you have any relatives working for us?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about this position?			
Are you claiming Veterans' Preference? If yes, you must submit documentation with this application		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education							
	Name & Location	Dates Attended		Graduate		Major	Degree
		From	To	Yes	No		
High School/GED				<input type="checkbox"/>	<input type="checkbox"/>	Highest grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College				<input type="checkbox"/>	<input type="checkbox"/>		
Vocation/ Business				<input type="checkbox"/>	<input type="checkbox"/>		
Other				<input type="checkbox"/>	<input type="checkbox"/>		
Certifications				<input type="checkbox"/>	<input type="checkbox"/>		

Office Skills / Experience: Please rate your level of experience for each listed below 1 – Beginner 2- Intermediate 3 - Advanced				
PC Skills	Windows	MS Outlook	MS Word	MS Excel
	MS Access	Crystal Reports	Internet Browsers	
Other PC Skills:				
Office Skills	10 Key Calculator	Dictation Machine Transcription	Data Entry	
	Typing WPM	Shorthand	WPM	
Other office skills:				

Employment with your most recent employer, list in reverse order, all periods of employment. Describe in detail your specific duties for each employer, including military, if any.				
May we contact your current employer?				
Employer			Address	
Your Official Job Title			Supervisor's Name & Title	
Dates Employed (month/year)		Salary		Phone Number
From	To	Begin	End	
Reason for Leaving				
Describe your duties in detail				
Between these jobs (If applicable)	<input type="checkbox"/> Unemployed	<input type="checkbox"/> In school	<input type="checkbox"/> Other: _____	

Employer			Address	
Your Official Job Title			Supervisor's Name & Title	
Dates Employed (month / year)		Salary		Phone Number
From	To	Begin	End	
Reason for Leaving				
Describe your duties in detail				
Between these jobs (If applicable)	<input type="checkbox"/> Unemployed	<input type="checkbox"/> In school	<input type="checkbox"/> Other: _____	

Employment (continued)				
Employer			Address	
Your Official Job Title			Supervisor's Name & Title	
Dates Employed (month/year)		Salary		Phone Number
From	To	Begin	End	
Reason for Leaving				
Describe your duties in detail				
Between these jobs (If applicable)	<input type="checkbox"/> Unemployed	<input type="checkbox"/> In school	<input type="checkbox"/> Other: _____	

Employer			Address	
Your Official Job Title			Supervisor's Name & Title	
Dates Employed (month/year)		Salary		Phone Number
From	To	Begin	End	
Reason for Leaving				
Describe your duties in detail				
Between these jobs (If applicable)	<input type="checkbox"/> Unemployed	<input type="checkbox"/> In school	<input type="checkbox"/> Other: _____	

Personal/Business References (excluding relatives and employers listed in the employment section)	
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted

Please choose preference from choices listed below:

Locations

Severna Park
 Gambrills
 Davidsonville

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Note: Each Location Individually Owned and Operated

Shifts

AM (7-3.30)
 PM (3-11.30)
 NIGHT (11-7.30)

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Note: Not All Shifts Scheduled will reflect the choices listed above

Caregiver Training

CPR
 FIRST AID
 MEDICINE ADMINISTRATION
 CNA LICENSE

Expiration Date _____
 Expiration Date _____
 Expiration Date _____
 Expiration Date _____

CAN YOU LIFT OVER 50 lbs

YES/NO

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that the Clerk's Office is an "at will" employer, meaning that I am free to end the employment relationship at anytime, with or without cause, and the Clerk's Office is entitled to do the same.

I hereby authorize the Clerk's Office to make any investigation of my education, work history, and references.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Clerk's Office is true and correct. I agree that any misrepresentation by me in this application, including omission of information will be sufficient cause for its cancellation or for dismissal from the Clerk's service if I am employed.

EQUAL OPPORTUNITY STATEMENT

Kris Leigh Assisted Living is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital status, national origin, ancestry, age, sexual orientation, disability, or veteran status.

Applicant's Signature

Date