

Brookside Landing
APPLICATION FOR EMPLOYMENT
431 Johnson Avenue · Orofino, ID 83544

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, handicap or veteran status.

Last Name First Middle	Date
Mailing Address	Home Telephone
City, State, Zip	Business Telephone
Have you ever applied for employment with us before? If yes, month and Year.	Are you over 18 years of age? Yes / No <i>If not, employment is subject to verification of age.</i>
Position Desired	Pay Expected
Are you willing to work full time? Yes / No Are you willing to work part time? Yes / No What shifts can you work?	Will you work overtime if asked? Yes / No
Are you legally eligible for employment in the United States? Yes / No	When will you be able to begin work?
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes / No If yes, describe in full.	

EDUCATION					
School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business / Trade School					
High School					
Elementary					

SKILLS : List any skills that you have which are relevant to the position being applied for, including First Aide, CPR, nursing certifications of licenses.

EMPLOYMENT: Please give accurate, complete full time and part time employment record. Start with your present or most recent employer. Attach additional sheets if necessary.

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Hourly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

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BEFORE SIGNING - PLEASE READ CAREFULLY

I certify that the information in this application is correct to the best of my knowledge, and I grant permission to Brookside Landing to verify such information and to conduct such investigation as it deems necessary relevant in this application. Any false statement or misrepresentation on this application shall be sufficient cause for rejection of this application or for dismissal from employment. I also authorize previous employers to release to Brookside Landing such information as it's relevant to my application for employment. I understand that any offer of employment may be subject to satisfactorily completing a medical examination and/or other testing deemed appropriate for the position applied for. I further understand and agree that employment with Brookside Landing is at will and may be terminated by me or Brookside landing at any time for any reason.

Date: _____

Signature: _____