

# CORNERSTONE RESIDENCE, INC.

## Application for Employment

### Please Read the Following Statement Before Completing this Employment Application

Cornerstone Residence, Inc. is an Equal Opportunity Employer. We consider Applicants of all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, status with regard to public assistance, or any other legally protected status.

All offers of employment shall be considered conditional based upon the following conditions: Accurate completion of this and all employment forms; Negative results of a tuberculin test; Listed on the Minnesota Nursing Assistant Registry, if applicable; Completion of release(s) of information for criminal background checks, reference checks and if applicable, driving record; and Legally eligible for employment in the United States of America.

### **PLEASE PRINT ALL RESPONSES**

Today's Date \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Phone-Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

Previous Names or Aliases \_\_\_\_\_

Present Address \_\_\_\_\_

Previous Address (if less than a year ago) \_\_\_\_\_

Position(s) applying for \_\_\_\_\_ Pay expected \_\_\_\_\_

Shift preferred (circle choice) 1 2 3

Do you prefer full or part-time work, please indicate? \_\_\_\_\_

Have you ever applied for employment with us before? Yes No If yes, give date(s) \_\_\_\_\_

Have you ever been employed with us before? Yes No If yes, give date(s) & position: \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes No If yes, proof is required.

Are you of legal age to work in the United States? Yes No

Are you a: (Circle one) R.N. L.P.N Nursing Assistant Give you RN/LPN License # \_\_\_\_\_

Do you have any special training or skills related to the position(s) applied for, if so, indicate in the space below

Professional or Civic organization membership (Exclude any which may disclose a protected class).

Please write a few sentences telling us why you have chosen to work in health care. \_\_\_\_\_

## EDUCATIONAL BACKGROUND

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
Grammar School				Yes    No
High School				Yes    No
College Graduate School				Yes    No
Business/ Technical				Yes    No

## EMPLOYMENT EXPERIENCE

**List below, present and past employment, beginning with the most recent**

1. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Job Title \_\_\_\_\_  
 \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Hourly pay rate: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Describe the work you performed \_\_\_\_\_  
 State reason for leaving \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Job Title \_\_\_\_\_  
 \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Hourly pay rate: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Describe the work you performed \_\_\_\_\_  
 State reason for leaving \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Job Title \_\_\_\_\_  
 \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Hourly pay rate: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Describe the work you performed \_\_\_\_\_  
 State reason for leaving \_\_\_\_\_

4. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Job Title \_\_\_\_\_  
 \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Hourly pay rate: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Describe the work you performed \_\_\_\_\_  
 State reason for leaving \_\_\_\_\_

Please explain any intervals between employment dates of three (3) months or longer.

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**PLEASE READ CAREFULLY AND SIGN BELOW**

I certify, that to the best of my knowledge, the facts contained on my application are true and correct, without substantial omissions. I understand that if I am chosen for employment, any false information on this application may result in immediate discharge. I further understand this application is not and is not intended to be a contract of employment, nor does this application obligate Cornerstone Residence in any way, if they decide to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an Officer of Cornerstone Residence has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing and signed by an Officer of the corporation.

I further understand that Cornerstone Residence is an equal opportunity employer.

I agree to submit to a Mantoux test, or chest x-ray, if a previous mantoux test has been positive, in compliance with the State of Minnesota, Department of Health Regulation 4655.3000, subparts 1-4.

I further understand, that if I am employed by Cornerstone Residence, and upon completion of that employer/employee relationship, my signature below gives Cornerstone Residence the permission to release information related to my employment, including, but not limited to: dates of employment, wages, and positions held. I hereby release Cornerstone Residence, Inc., it's affiliates, and representatives from any liability that may result in the release of the above stated information.

***REMEMBER TO SIGN AND DATE THE EMPLOYMENT APPLICATION  
THANK YOU FOR YOUR INTEREST IN OUR COMPANY!***

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

***DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY***

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Interview? Interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_ Yes Comments \_\_\_\_\_

\_\_\_\_ No  
Interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_

Hired? Starting Date \_\_\_\_\_  
\_\_\_\_ Yes

\_\_\_\_ No Comments \_\_\_\_\_

## PERSONAL REFERENCES

(Not Former Employers or Relatives)

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1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_

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Requested information is needed for a legally permissible reason, including, without limitations, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.

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Have you ever been convicted of a crime, excluding misdemeanor traffic offenses which has not been annulled or expunged or sealed by a court of law? Yes          No

If yes, please explain in full \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conviction of a crime will not be an absolute bar to employment

Have you ever had any prior criminal convictions of abuse or neglect? Yes          No  
Have you ever been reported to the Board of Nursing, Nursing Assistant Registry, or other Boards related to any licenses you previously or currently have? Yes          No

If yes to either of the above questions, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have been given a written job description listing the essential job functions of the position(s) for which you have applied, please review the job description (s) and answer the following question.

Are you able to perform each of the essential job functions, without accommodations, listed for each position for which you have applied? Yes          No

If no, list the functions(s) you are unable to perform and describe what accommodations you would need to perform the essential function(s) of the position(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_