## MARIAN ESTATES APPLICATION FOR EMPLOYMENT

390 SE Church St. Sublimity, OR 97385 Phone: 503-902-5992 or 503: 902-5994 hr@marianestates.com

Marian Estates is an equal opportunity employer. All portions of this application must be completed. Incomplete applications will not be considered for employment opportunities at Marian Estates.

		Application Da	ate:/	
X Y	* , *		· ·	
Last Name	First Name	Middle Initial	Social Security #	
Address		City, State, Zip	Phone Number	
Referred By:	Staff Member	Newspaper	Alternate phone	
Walk In	Employment Agency	Olimic		
IF EMPLOYMENT IS IDENTIFICATION IN NATURALIZATION S	IS CONSIDERED CURRENT I OFFERED, YOU WILL BE RE ACCORDANCE WITH IMMI SERVICE REQUIREMENTS.	EQUIRED TO SUBMIT GRATION AND	Please Initial	
Have you ever been employed	ed with Marian Estates?	Yes No If yes, v		
Have you used names or Soc Other than those on this page	141 500	Yes No If yes, 1	ist:	
EMPLOYMENT	DESIRED		,	
Position Desired	Date Available		estrictions Working: Weekends Overtime	
Availability Full T	ime Part Time Sur	mmer Days Eve	enings Nights	
Please list any specific skil	ls you possess which you feel a	re relevant to the position(s)	you are applying for:	
		4	,	
Professional Certificates or Licenses Held:  License Number				
Have you ever been invest	igated by the Board of Nursing igated by Senior And Disabled igated for abuse that was subs	Services?(Yes or N	No) r No)	

## EMPLOYMENT RECORD (Please list most recent position first)

Are you currently working for this employer? Yes No MOST RECENT EMPLOYER If yes, may we contact them? Yes No **Supervisor** Phone # Address **Company Name** Fax # Job Title **Date of Employment Exact Reason For Leaving** To: From: Responsibilities:

Company Name

Address
Supervisor
Phone #

Fax #

Date of Employment

Job Title

From: To: Exact Reason For Leaving Responsibilities:

Company Name

Address

Supervisor

Phone #

Fax #

Date of Employment

Job Title

From: To: Exact Reason For Leaving Responsibilities:

Company Name

Address
Supervisor
Phone #

Fax #

Date of Employment

Job Title

From: To: Exact Reason For Leaving
Responsibilities

## **EDUCATION**

High School Graduate	Yes No	GED Yes No	
Post Secondary Education Name of College, School or University	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received
RELEASE OF INFOR	RMATION STATEMEN	T	
I understand that consider background check. I author on this application and to persons who can verify in investigation with all of the all contacted persons and my background and suital employer from liability for	orize Marian Estates to contact my former empformation. I further autheir employees who are former employers to possibly for employment a	investigate the truthfuln ployers, other listed refer thorize Marian Estates to e involved in the hiring p rovide information concernd I release each such p	ess of all statements mad rence, or any other o discuss the results of an process. I further authorizerning this application,
Signatur	·e	Date	/
I certify that the informati and understand that falsiff from consideration for en understand that if hired, n cause, and with or withou further understand that no than the company owner, specified period of time.	ications and/or omissic aployment or if hired, for any employment and count at notice, at any time, and a recruiter or interviewe	ons in any details are gro for dismissal from emplo empensation can be terming to the option of either the error other representative	unds for disqualification syment. I further nated, with or without company or myself. I to of Marian Estates, other
Signatur		Data	1 1



## 390 Church St.

Sublimity, OR 97385 Phone: 503-902-5992 or 503-902-5994

Fax: 503-902-6018

REFERENCE INFORMATION RELEASE	FORM to:		
	_	(Comp	any)
Has a and has listed your business as a reference. providing the following information. Please Church St, Sublimity, OR 97385.	We would app		ssistance in
Sincerely,			
Mayra Rayo Garcia Human Resources Director			
RELEASE OF INFORMATION STATEMENT BY I understand that consideration for employment is cocheck. I authorize Marian Estates to investigate the tand to contact my former employers, other listed refinformation. I further authorize Marian Estates to disemployees who are involved in the hiring process. I employers to provide information concerning this apemployment and I release each such person's former information.	ontingent on the r ruthfulness of all erences, or any o scuss the results of further authorize oplication, my ba	statements made ther persons who of any investigation d all contacted pe ckground and suit	on this application can verify on with all of their ersons and former tability for
Signature	_	Γ	Date
TO BE FILLED OUT BY PREVIOUS EM	PLOYER:		
Company Name:	DIC ( DI	-11	
PLEASE COMMENT ON THE FOLLOW	Excellent	Average	Poor
Compliance with policies and procedures: Relationships with Residents/Customers:	Excellent	Average	Poor
Initiative and Enthusiasm:	Excellent	Average	Poor
Willingness to Accept Assignments:	Excellent	Average	Poor
Attendance and Punctuality:	Excellent	Average	Poor
Overall Work Performance:	Excellent	Average	Poor
Would you rehire this individual? If no, wh		, r	
Other Comments:			
Name of Contact	Title		