



CAMILIA ROSE CARE CENTER LLC

(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION FOR EMPLOYMENT

11800 Xeon Boulevard N.W. • Coon Rapids, MN 55448 • (763) 755-8400

PERSONAL INFORMATION (to be completed by applicant) Date _____

Name _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Phone # (days) _____ Are you 18 years or older? YES () NO ()

Social Security # _____

Referred By: Advertisement _____ MN Work Force () Employee _____
(Check One) Publication Name
Friend/Relative _____ Other _____
Name

EMPLOYMENT DESIRED

Position _____ Shift Desired _____ Full Time () Part Time ()

Date Available For Work _____ Salary Desired _____

Have you ever filed an application with this Company? YES () If yes, date _____
NO () Location _____

Have you ever been employed by this Company? YES ()
NO ()

If yes, date, location, reasons for leaving, supervisors (mandatory) _____

EDUCATION:

Name of School _____
City State Zip

HIGH SCHOOL

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Graduate? Yes () No () If yes, graduation year _____

If no, last year attended _____ Did you obtain a GED? Yes () No ()

COLLEGE

Name of School _____ City _____ State _____ Zip _____
Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
Graduate? Yes () No () Degree _____
Graduation Date _____ or Last Year Attended _____

OTHER SCHOOLS
ATTENDED
(TRADE,
BUSINESS,
VOCATIONAL,
GRADUATE)

Name and Address _____
Courses _____
Certificates, Diplomas or Degrees _____

GENERAL INFORMATION

Summarize special skills and qualifications acquired from employment, hobbies, military service, volunteering or other experiences that would be of use in the position for which you have applied:

PRESENT EMPLOYMENT HISTORY (Begin with present or most recent employer)

Name of Company _____ Telephone Number _____
Address _____
Position Title _____ Supervisor _____
Type of Business _____
Brief description of your duties _____
Starting Salary: \$ _____ Per _____ Final Salary: \$ _____ Per _____
Still Employed? Yes () No () Date Employed: From _____ To _____
Reason for Leaving (mandatory) _____
_____ May we inquire of this employer? Yes () No ()

PREVIOUS EMPLOYMENT HISTORY

Name of Company _____ Telephone Number _____
Address _____
Position Title _____ Supervisor _____
Type of Business _____
Brief description of your duties _____
Starting Salary: \$ _____ Per _____ Final Salary: \$ _____ Per _____
Still Employed? Yes () No () Date Employed: From _____ To _____
Reason for Leaving (mandatory) _____
_____ May we inquire of this employer? Yes () No ()

PREVIOUS EMPLOYMENT HISTORY

Name of Company _____ Telephone Number _____
Address _____
Position Title _____ Supervisor _____
Type of Business _____
Brief description of your duties _____

Starting Salary: \$ _____ Per _____ Final Salary: \$ _____ Per _____
Still Employed? Yes () No () Date Employed: From _____ To _____
Reason for Leaving (mandatory) _____
_____ May we inquire of this employer? Yes () No ()

PREVIOUS EMPLOYMENT HISTORY

Name of Company _____ Telephone Number _____
Address _____
Position Title _____ Supervisor _____
Type of Business _____
Brief description of your duties _____
Starting Salary: \$ _____ Per _____ Final Salary: \$ _____ Per _____
Still Employed? Yes () No () Date Employed: From _____ To _____
Reason for Leaving (mandatory) _____
_____ May we inquire of this employer? Yes () No ()

REFERENCES: Give three references not related to you, each of whom you have known for three years and who can give an opinion of your current abilities.

I hereby authorize **Camilia Rose** to contact these individuals listed as references and to solicit from them information concerning my employment history and my ability to perform the responsibilities of the job for which I am applying.

1. _____

Name	Address	Phone #
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2. _____

Name	Address	Phone #
------	---------	---------

3. _____

Name	Address	Phone #
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I hereby authorize **Camilia Rose** the right to make a thorough investigation of my past employment, education and activities. In consideration for the supplying of such information concerning my past employment, education and activities, I release from liability all persons, corporations and other entities, supplying such information. I indemnify **Camilia Rose** against any liability, which might result from making such investigation. I understand that any false answers or statements or implications made by me in this application or in connection to my employment shall be considered sufficient cause for denial of employment or discharge. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between **Camilia Rose** and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon **Camilia Rose** unless made in a writing signed by the Administrator. In the event of my employment by **Camilia Rose**, I agree to conform to the rules and regulations of **Camilia Rose**.

FURTHERMORE, IN THE EVENT OF MY EMPLOYMENT BY CAMILIA ROSE, I AGREE THAT MY EMPLOYMENT WILL BE "AT WILL" AND THAT MY EMPLOYMENT CAN BE TERMINATED, AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER CAMILIA ROSE OR MYSELF.

I have read and understand the above. I understand that all job offers are conditional on successful completion of orientation and receipt of acceptable references.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Initial Interview YES () NO () Interviewed by: _____ Date _____

NA Registry current: YES () NO () Exp. Date: _____ Proof: Faxed () Mailed ()

Verbal Reference: _____

Second Interview YES () NO () Interviewed by: _____ Date _____

Was position offered? YES () NO () Was position accepted? YES () NO ()

If employed: Position _____ Shift _____ Orientation Date _____

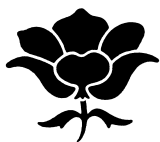
Badge # _____ Emp # _____ References Sent: Date _____ # Sent _____

_____ Date: _____ _____ Date: _____

Department Director's Signature

Administrator's Signature

**If not employed: Person notified position was filled by: Phone () Letter () Date _____



Camilia Rose Care Center, LLC

AFFIRMATIVE ACTION SURVEY

The Federal Government under Executive Order 11246 requires the corporation to report gender and race / ethnic origin of applicants for employment. As an employer, we comply with government regulations and affirmative action responsibilities. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

PERSONAL INFORMATION:

Name: _____

Job title held or applied for: _____

Date information given: _____

GENDER AND ETHNIC GROUP:

Please check one:

Male _____ Female _____

Hispanic or Latino _____ Non-Hispanic or Latino _____ I prefer not to answer _____

*Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture.

RACE:

Please check one:

- I prefer not to answer this question.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.