

MINDmatters

DAY CARE FOR ADULTS WITH DEMENTIA

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

It is the policy of Mind Matters to provide equal opportunity without regard to race, color, sex, religion, creed, national origin, ancestry, age, marital status, sexual orientation, political affiliation or because the employee is a veteran or a qualified individual with a disability. All questions must be answered and application signed.

Last Name	First	Middle	Date
Street Address			Home Phone
E-Mail Address			Cell Phone
City, State, Zip			Business Phone
Position Desired			How did you hear about this position?
Can you furnish proof of your right to work in the U.S.A. ___ Yes ___ No	Driver's License Number:		
When will you be available to begin work?			
When is the best time to reach you?	May we contact you at work?		

If hired, is there anything that would prevent you from reporting to work each day on time to perform your job duties?

Hours Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From	N/A						N/A
To	N/A						N/A

Total Hours Available per Week: _____
 Would you work: ___Full-Time ___Part-Time

Special Training

___ First Aid Training ___ American Red Cross
 ___ American Heart Association

___ Cardiopulmonary Resuscitation ___ American Red Cross
 ___ American Heart Association

Please list any additional skills and qualifications you possess for the position which you are applying (College students: related coursework is applicable):

Educational Background

School	Name of School	Location	Course of Study	Number of Years Completed	Did You Graduate	Degree or Diploma
High School					Yes___ No ___	
College					Yes___ No ___	
Other Education					Yes___ No ___	

Are you going to school now? ___Yes ___No Where _____ ___Day Classes ___Night Classes

Employment History

Mind Matters reserves the right to contact prior and current employers. Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include military experience if applicable. **Do not indicate, "see resume."**

1. Company Name and Mailing Address	Phone
Job Title, Name, and Email of Supervisor May we contact the supervisor?	Employed (Month and Year) From To
Reason for Leaving	

2. Company Name and Mailing Address	Phone
Job Title, Name, and Email of Supervisor May we contact the supervisor?	Employed (Month and Year) From To
Reason for Leaving	

3. Company Name and Mailing Address	Phone
Job Title, Name, and Email of Supervisor May we contact the supervisor?	Employed (Month and Year) From To
Reason for Leaving	

Certification

I certify that the information given herein is true and complete to the best of my knowledge.

_____ Signature

_____ Date

