



Where Elders Continue to Live Fulfilling Lives



Green House Living for Sheridan is a project of Alternative Elder Living, Inc.

307-672-0600 ♦ P.O. Box 444 ♦ Sheridan, WY 82801 ♦ TDD: 811 ♦ www.sheridangreenhouse.org

This institution is an equal opportunity provider and employer



Employment Application

If you need help filling out this application form or for any phase of the employment process, please ask for assistance and every effort will be made to accommodate your needs in a reasonable amount of time. PRINT clearly. Incomplete or illegible applications will not be processed.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on the form are grounds for terminating the application processor, if discovered after employment, terminating employment. Alternative Elder Living, Inc. d/b/a Green House Living for Sheridan is an equal opportunity provider, and employer. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

APPLICANT INFORMATION

Last Name: Other Name		First	M.I.	Today's Date:	
Street Address			Apartment/Unit #		
City		State	ZIP		
Day Phone		Evening Phone		Cell phone	
Email Address:					

EMPLOYMENT DESIRED

Position applying for: _____ Date available: _____ Desired salary: _____

Applying for: Full Time (32-40 hrs/week) Part time (20-32 hrs/week) relief (less than 20 hrs/week)

What shifts are you willing to work? Days Evenings Nights Weekends

Do you understand the essential function of this job? Yes No

Describe your interest in this job and the skills and abilities you feel qualify you for the position. You may choose to include special training you have received, professional societies you belong to, computer experience, etc. If you need additional space please continue on a separate sheet.

Other skills:

(check box that applies)

Beginning

Intermediate

Advanced

Years of experience

Microsoft Word				
Microsoft Excel				
Microsoft Outlook				
Microsoft Power Point				
Multi-line phone				
Using Power tools				
Using Hand tools				
Other:				

EMPLOYMENT HISTORY

PLEASE NOTE: your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER: Company Name:	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State	Dates Employed (month and year) From: _____ To: _____
Job Title:	Supervisor's Name:	Phone:
Duties:		
Salary (starting):	Reason for leaving:	
Salary (leaving):	Decision to Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

SECOND RECENT EMPLOYER: Company Name:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State	Dates Employed (month and year) From: _____ To: _____
Job Title:	Supervisor's Name:	Phone:
Duties:		
Salary (starting):	Reason for leaving:	
Salary (leaving):	Decision to Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

THIRD RECENT EMPLOYER: Company Name:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State	Dates Employed (month and year) From: _____ To: _____
Job Title:	Supervisor's Name:	Phone:
Duties:		
Salary (starting):	Reason for leaving:	
Salary (leaving):	Decision to Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

FOURTH RECENT EMPLOYER: Company Name:	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State	Dates Employed (month and year) From: _____ To: _____
Job Title:	Supervisor's Name:	Phone:
Duties:		
Salary (starting):	Reason for leaving:	
Salary (leaving):	Decision to Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

Please explain any gaps in your employment record, or make any additional comments below: _____

Please attach a resume or additional information if necessary.

EDUCATION - NOTE: FOR CERTAIN POSITIONS, WE MAY ALSO REQUEST A FORMAL TRANSCRIPT

Do you have a High School Diploma or GED Certificate? Yes No

College or Vocational School & Location (City/State)	Dates From - To	Major	Minor	Degree Earned	Date of Degree

Additional Comments:

PROFESSIONAL LICENSES AND CERTIFICATIONS

Type of License/Certification	Name on License/Certification	License/Certification Number	Expiration Date	State

ADDITIONAL INFORMATION

Are you legally eligible for employment in this country? Yes No
 (Proof of US citizenship for immigration status will be required upon employment.)

Have you been notified by the Office of Inspector General that you are excluded from participation in federal health programs, e.g. Medicare?
 Yes No If yes, date: _____ Where? _____

Have you been convicted of a crime, misdemeanor or felony, except minor traffic violations? Yes No
 (Conviction of a crime does not necessarily bar you from employment)

Incident(s)	Charge	Date of Conviction	City/State

Have you served in the military Yes No
 If yes, give dates of duty:
 From: _____ To: _____

REFERENCES

Please list three references who may be contacted regarding past work performance and job experience. Do not include relatives

Full Name	How does this person know you?
Address	Phone ()
Full Name	How does this person know you?
Address	Phone ()
Full Name	How does this person know you?
Address	Phone ()

CONDITIONS OF ENVIRONMENT

I understand that plants and animals are a part of the work environment at Green House Living for Sheridan. Animals include but are not limited to: dogs, cats, rabbits, and birds. I hereby release Green House Living for Sheridan from any liability due to allergies or sensitivities that I may develop due to plants and animals in my work environment.

Signature

Date

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me in the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

My signature also attests that I am not now, nor have I ever been excluded from participation in a Medicare, state or federal healthcare program for activities including, but not limited to: patient abuse, fraud, unlawful manufacture or distribution of controlled substances and/or financial integrity. If hired, failure to disclose the above information will be cause for immediate termination.

Signature:

Date:

This application is for the "Position Applying For" on page 1. For consideration of any other position or for consideration at a later date, it will be necessary for you to complete and update a new application.