



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

(307) 672-0600 ♦ 2311 Shirley Cove ♦ Sheridan, WY 82801 ♦ TDD: 711 ♦ 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

<b>LAST NAME:</b> Other Name Used		<b>FIRST</b>	<b>M INITIAL</b>
<b>Street Address</b>		<b>Apartment/Unit #</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>	

### EMPLOYMENT DESIRED

<b>Position Applying For:</b>		<b>Date Available:</b>	<b>Desired Salary:</b>
Applying For:	<input type="checkbox"/> <b>Full Time (32-40 hrs/week)</b>	<input type="checkbox"/> <b>Part Time (20-32 hrs/week)</b>	<input type="checkbox"/> <b>PRN/Relief (Less than 20 hrs/week)</b>

What shifts are you willing to work?	<input type="checkbox"/> <b>Days (6am-2pm)</b>	<input type="checkbox"/> <b>Evenings (2pm-10pm)</b>	<input type="checkbox"/> <b>Nights (10pm-6am)</b>	<input type="checkbox"/> <b>Weekends</b>
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Do you understand the essential function of this job? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Do you feel physically able to perform the duties of this job? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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Briefly 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.

<b>OTHER SKILLS:</b>	<b>Years of Experience</b>	<b>Additional Comments, If Necessary</b>
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 correct telephone numbers of past employers are critical.

<b>MOST RECENT EMPLOYER:</b> Company Name:		Are you currently working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, may we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employment Dates (Month/Year)	Employed (Month/Year)
		From:	To:
City:	State:	Phone:	
Job Title:	Supervisor's Name:		
Duties:			
Salary (Starting):	Salary (Leaving):	Reason for Leaving:	
		Decision To Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

<b>SECOND RECENT EMPLOYER:</b> Company Name:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employment Dates (Month/Year)	Employed (Month/Year)
		From:	To:
City:	State:	Phone:	
Job Title:	Supervisor's Name:		
Duties:			
Salary (Starting):	Salary (Leaving):	Reason for Leaving:	
		Decision To Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

<b>THIRD RECENT EMPLOYER:</b> Company Name:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employment Dates (Month/Year)	Employed (Month/Year)
		From:	To:
City:	State:	Phone:	
Job Title:	Supervisor's Name:		
Duties:			
Salary (Starting):	Salary (Leaving):	Reason for Leaving:	
		Decision To Leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	

**\*Please attach resume or additional information, if necessary.**

<b>EDUCATION</b>						(*NOTE: Some positions may also require a Formal Transcript)
Do you have a High School Diploma or GED Certificate?						<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Vocational School and City/State	Dates From	(Month/Year) To	Major	Degree Earned	Date of Degree	
Additional Comments:						

<b>PROFESSIONAL LICENSES AND CERTIFICATIONS</b>				
Type of License / Certification	Name On License / Certification	License/Certification #	Expiration	State

<b>ADDITIONAL INFORMATION</b>				(Note: If necessary, please provide a separate sheet of paper for further explanation.)
Are you legally eligible for employment in this country?				<input type="checkbox"/> Yes <input type="checkbox"/> No    (Proof of US citizenship/Immigration status required at employment.)
If applicable, have you ever had your professional Nursing or Certified Nurse's Assistant License suspended, revoked or terminated by any governing board?				
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Date: _____ Where? _____				
Incident(s)	Charge(s) / Allegation(s)	Date(s) of Incident(s)	City/State	
If applicable, have you ever been notified by the Office of Inspector General that you are excluded from participation in federal health programs, e.g. Medicare?				
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Date: _____ Where? _____				

Have you been convicted of a crime, misdemeanor or felony, except minor traffic violations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
(Note: Convictions of crimes does not necessarily bar you from employment.)				
Incident(s)	Charge(s)/Allegation(s)	Date(s) of Conviction(s)	City/State	

<b>MILITARY SERVICE</b>			
Have you ever served in the U.S. Military?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch of Service:		Dates of Duty: <b>From:</b> <b>To:</b>	
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard		Are you currently serving?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES**

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

(1) Full Name		How does this person know you?	
City/State		Phone:	
(2) Full Name		How does this person know you?	
City/State		Phone:	
(3) Full Name		How does this person know you?	
City/State		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**

\*NOTE: This application is for the "Position Applying For" on first page. 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.



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