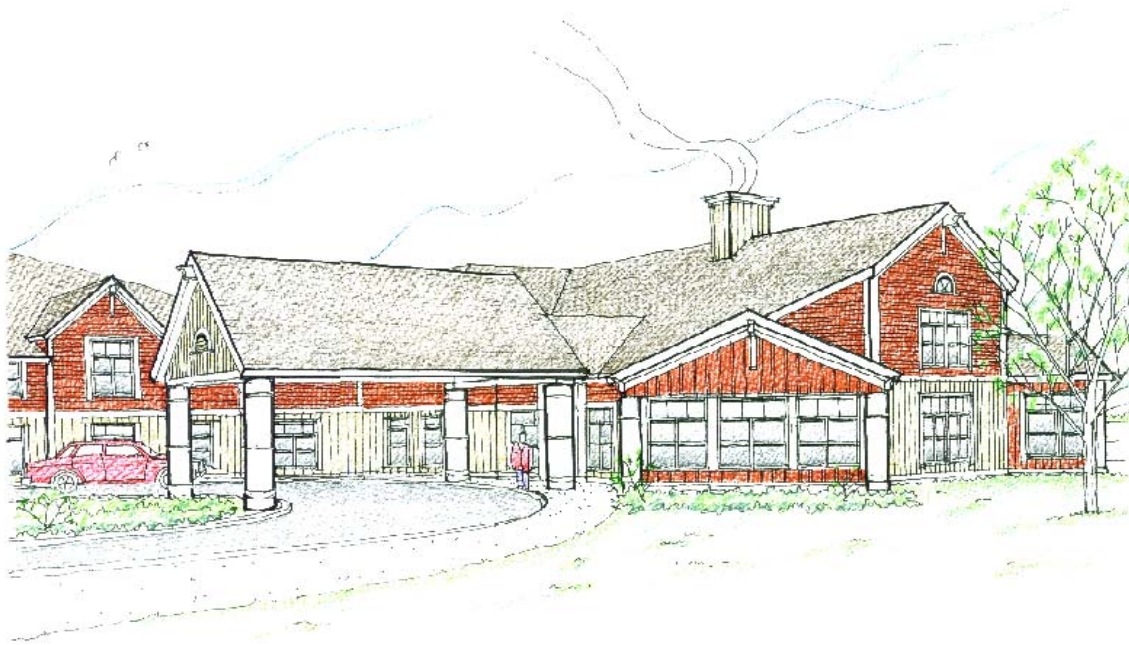


Oak Crest
 *Senior Housing*

Our mission is to provide quality, life-enhancing housing with services for seniors of Northwest Minnesota.

Our vision is to develop senior housing with services that promotes an “aging in place” concept and enriches the life of its residents, families, and community.



Employment Application
218-463-4783

Name/Last, First, Middle

Position

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other protected status.

PERSONAL (Please print or type)

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Work Telephone
Position Applied For			Date Available
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Department _____			Are you applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
Have you ever been employed by this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Position/Dept. _____			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Shift Preference <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Have you ever been convicted of a felony? If yes, explain. (A felony conviction does not automatically disqualify you from employment)			
Are you legally eligible for employment in the United States?			

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Degree of Diploma
High School				
Business Trade Technical				
College				
Other (Specify)				

PERSONAL REFERENCES

Names and complete address	Occupation	Telephone No.	Years Known
1. _____ _____			
2. _____ _____			
3. _____ _____			

Applicant's Statement

The information I have given in my Application for Employment is true and complete. I understand that any false statement, concealment or failure to answer any question fully and accurately is grounds for my rejection for employment or termination of my employment with Oak Crest Senior Housing.

I authorize investigation of all information contained in the Application for Employment and all previous employers or others to provide information concerning me or my employment record to Oak Crest Senior Housing representatives; I release such persons and organizations from any claim or liability arising out of such investigation or providing information.

I understand and agree that, if I am employed by Oak Crest Senior Housing, no contract for employment, expressed or implied, is created by this Application for Employment or offer of employment. Employment, if offered, shall be "at will" meaning that my employment may be terminated at any time for any legal reason or nor reason with or without cause, regardless of any oral or written statement, policy or practice or without prior notice.

I agree, if employed by Oak Crest Senior Housing, to read and comply with all policies, practices, procedures and other conditions of employment and that Oak Crest Senior Housing may change any of these conditions at any time with or without notice.

I understand and accept that I may be required to submit to a medical examination at the time of my initial employment and as requested in order to determine my fitness for employment with Oak Crest Senior Housing.

I may legally work in the United States and agree to provide evidence to that effect if offered employment by Oak Crest Senior Housing.

Applicant's
Signature _____ Date _____

OAK CREST SENIOR HOUSING

201 10th STREET SE

ROSEAU, MINNESOTA 56751

(218) 463-2500

AFFIRMATIVE ACTION SURVEY

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or any other legally protected status.

As an employer and government contractor, we comply with government regulations and affirmative action responsibilities.

To assist us with our record keeping in connection with government reporting and other legal requirements, we ask that you please fill out this survey and return to the payroll office.

Providing this information is voluntary and refusal to provide any of the information asked will not have a negative effect on your status as an applicant.

Date Applied _____ Social Security Number _____

Name _____ Phone # () _____

Address _____ City _____

State _____ Zip _____

Position(s) Applied For: _____

Referral Source:

Employment Agency Referral _____ Employee Referral _____ Walk In _____ Rehire _____

Community agency Referral _____ Newspaper Ad _____ Other _____

Check One: Male _____ Female _____

Check One Of The Following: Race/Ethnic Group:

White _____ Black _____ Hispanic _____ American Indian/Alaskan Native _____
Asian Pacific Islander _____

Check if any of the following are applicable:

Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual _____