

# 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** **218-463-2006**

**Name/Last, First, Middle**

**Position**

**Date**

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

**EDUCATION**

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

**PERSONAL REFERENCES**

	Names & 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 or 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 10<sup>th</sup> Street SE  
Roseau, MN 56751  
(218) 463-2006

## 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 disable 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 Human Resources.

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

### Check if any of the following are applicable:

Vietnam Era Veteran       Disabled Veteran       Handicapped Individual