

WENDIGO PINES ASSISTED LIVING
20371 Wendigo Park Rd.
Grand Rapids, MN 55744
Phone 218-326-6900
Fax 218-326-2783

EMPLOYEE APPLICATION

NAME _____ DATE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE _____ CELL _____

SS# _____ DATE OF BIRTH _____

ANY LICENSE OR REGISTRATION NUMBER _____

DRIVERS LICENSE # _____

EDUCATION:

SCHOOL	YEAR ATTENDED	MAJOR	DID YOU GRADUATE
--------	---------------	-------	------------------

_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT:

EMPLOYERNAME/ADDRESS	LENGTH OF EMPLOYEMENT	REASON FOR LEAVING
----------------------	-----------------------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES (NOT FRIENDS OR FAMILY) /5 YEARS OR LONGER):

NAME	RELATIONSHIP	PHONE NUMBER
------	--------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT ARE YOUR HOBBIES OR PERSONAL GOALS, IF ANY? _____

POSITION & SHIFT APPLYING FOR: _____

AVAILABLE TO START: _____

HOW DID YOU HEAR OF WENDIGO PINES? _____

IF REFERRED, WHO REFERRED YOU? _____

DO YOU HAVE ANY PHYSICAL LIMITATION THAT WOULD
PREVENT YOU FROM DOING THIS JOB? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
IF SO WHEN? _____

SIGNATURE

DATE