

Chapel Pointe Application for Employment

	AFFLICANT IN	-ORIVIATION – piedse print				
Position(s) Applied For						
Name						
Address						
Telephone	Email Address					
Desired schedule(s) – check all that	apply I Full-time	□Part-time □Temporar	ry/PRN □Any			
Preferred shift(s) – check all that app	ply □Day □Ever	ning D Night				
Have you ever been employed by Ch	napel Pointe? 🗖 Ye	es 🗖 No Salary	requirement			
Do you know anyone employed at If yes, please list	Chapel Pointe? (□ Yes □ No				
EMPL	OYMENT EXPERIEN	NCE – list most recent emplo	over first			
Are you employed now? 🗖 Yes 🗖 N						
Employer Name		City, State		Telephone		
Date Employed	· · · · · · · · · · · · · · · · · · ·	Pay rate when leaving Name of Supervisor		Supervisor		
From (mo/yr): To (mo/yr):						
Type of Work Performed:						
Reason For Leaving:						
Employer Name		City, State		Telephone		
Date Employed	· · · · · · · · · · · · · · · · · · ·	Pay rate when leaving Name of Supe		Supervisor		
From (mo/yr): To (mo/yr):						
Type of Work Performed:						
Reason For Leaving:						
Employer Name		City, State		Telephone		
Date Employed	-	rate when leaving	Name of Supervisor			
From (mo/yr): To (mo/yr):						
Type of Work Performed:						
Reason For Leaving:						

	EDUCATION	& SKILLS		
Last school attended		City,	City, State	
Number of years completed	Degree		_ Did you graduate? ☐ Yes ☐ No	
CNA/LPN/RN license or certification r	number			
List other special training, skills, cert	tifications, or licenses wh	ich would qualify you for	this job.	
	ACKNOWLEDGEMENT	& ALITHORIZATION		
Qualified applicants receive equal corrace, creed, color, national origin, rel law. We are an equal opportunity em	igion, age, sex, disability, iployer. Chapel Pointe is "at will."	veteran status, or any ot This means that if hired,	her characteristic protected by either I or Chapel Pointe may	
I understand that all statements mad liability or responsibility, all persons, that the content of this application for affirm that the facts set forth on this facts is sufficient cause for rejection of	e here are subject to ver companies, or other heal orm and related reports n application are true and	ification by Chapel Pointe th care institutions suppl nay be used by Chapel Po complete. I further under	e at Carlisle, and I release from all ying such information. I agree winte in any manner it may wish. I estand that misrepresentation of	
I understand all applicants are require	ed to authorize a Crimina	ll History Report as part o	of the pre-employment process.	
I understand that Chapel Pointe is a cemployees to submit to drug and alcoapplicable drug screening. I agree to testing.	ohol testing at random du	uring the course of their ϵ	employment. I consent to	
I understand that Chapel Pointe requ to hold Chapel Pointe harmless for ar			_	

Signature_____ Date____