



THE BROOK RETIREMENT COMMUNITIES, INC.
Application for Employment

2375 S. I-75 Business Loop Ste #4—Grayling MI 49738

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a drug and alcohol screen, criminal record check, interview or inquires of prior employers, coworkers, acquaintances, relatives or friends.

Date of Application _____

Last Name _____ First Name _____ MI _____

Present Address _____ City _____ State _____

Permanent Address _____

Social Security # _____ Telephone # _____

Best time to call _____ Date available for work _____

Are you applying for Full time _____ Part Time _____

Shift Preference _____ days _____ evenings _____ nights _____ weekends _____ any

Are you a US citizen or an alien legally authorized to work in the US? _____ yes _____ no

Position Applying for _____ Salary desired _____

How were you referred to this facility? _____

Relatives or friends employed by this facility _____ yes _____ no Who? _____

Have you even been employed by this facility? _____ 18yrs or older? _____

Have you even been guilty of or plead guilty to a crime (excluding misdemeanor traffic violations) _____ no _____ yes, please explain _____

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? _____ no _____ yes, please explain _____

EDUCATION (Name and address of school. Course of Study: Graduate? Degree? License?)

High _____

College _____

College _____

Other _____

Professional Licenses: _____ Currently licensed _____ Eligible for License _____ Currently Registered

Has your license or registration ever been suspended, revoked or on probation? ___no ___yes, please explain _____

Type: _____ State _____ Date _____

Professional Certifications? _____

PREVIOUS EXPERIENCE

Job Title _____ Date from/to _____

Employer Name _____ Phone _____

Address _____ Duties _____

Supervisors Name _____ Reason for leaving _____

Job Title _____ Date from/to _____

Employer Name _____ Phone _____

Address _____ Duties _____

Supervisors Name _____ Reason for leaving _____

Job Title _____ Date from/to _____

Employer Name _____ Phone _____

Address _____ Duties _____

Supervisors Name _____ Reason for leaving _____

Please identify and explain any gaps in employment longer than 3 (three) months:

Occupational Goal:

