



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Read each section carefully before completing. Write / print legibly in ink. If an item does not apply to you, write 'NA'. An entry must appear in every space. Incorrect or incomplete applications may eliminate applicant for employment consideration.

TODAY'S DATE		
MONTH	DAY	YEAR
SOCIAL SECURITY NUMBER		

LAST NAME	FIRST NAME	MIDDLE NAME

HOME PHONE NUMBER
CELL PHONE NUMBER

EMAIL ADDRESS

PLEASE LIST ANY AND ALL OTHER NAMES (MAIDEN, ALIAS, PREVIOUS MARRIED NAME, ETC.)

PRESENT ADDRESS				
NUMBER AND STREET	APT. NO.	CITY	STATE	ZIP CODE

POSITION APPLIED FOR (FIRST PREFERENCE)	DESIRED RATE OF PAY \$ _____ PER _____	DATE OF BIRTH IF UNDER AGE 18
POSITION APPLIED FOR (SECOND PREFERENCE)	DESIRED RATE OF PAY \$ _____ PER _____	MONTH DAY YEAR

EMPLOYMENT CONDITIONS WILLING TO ACCEPT				HAVE YOU BEEN EMPLOYED BY COLONIAL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DATES AND POSITION:
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PRN	<input type="checkbox"/> TEMP	
HOURS AVAILABLE TO WORK: MON TUE WED THUR FRI SAT SUN				DATE AVAILABLE TO WORK
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				MONTH DAY YEAR

RECORD OF EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	SUBJECTS OF SPECIALIZATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			1 2	<input type="checkbox"/> YES
			3 4	<input type="checkbox"/> NO
BUSINESS OR TRADE			1 2	<input type="checkbox"/> YES
			3 4	<input type="checkbox"/> NO
COLLEGE			1 2	<input type="checkbox"/> YES
			3 4	<input type="checkbox"/> NO
POST GRADUATE			1 2	<input type="checkbox"/> YES
			3 4	<input type="checkbox"/> NO

NURSING, STNA OR OTHER PROFESSIONAL LICENSES AND / OR CERTIFICATIONS		
TYPE (LPN, STNA, SOCIAL WORKER, ETC.)	CURRENT CERTIFICATE NO.	EXPIRATION DATE

PREVIOUS EXPERIENCE

MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYED FROM	EMPLOYED TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>(HOURLY, MONTHLY OR YEARLY)</small>
COMPANY NAME	COMPANY ADDRESS		COMPANY PHONE	
JOB TITLE: _____				
JOB DUTIES: _____				
REASON FOR LEAVING: _____				

MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYED FROM	EMPLOYED TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>(HOURLY, MONTHLY OR YEARLY)</small>
COMPANY NAME	COMPANY ADDRESS		COMPANY PHONE	
JOB TITLE: _____				
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COMPANY NAME	COMPANY ADDRESS		COMPANY PHONE	
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COMPANY NAME	COMPANY ADDRESS		COMPANY PHONE	
JOB TITLE: _____				
JOB DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY

HAVE YOU EVER BEEN DISCHARGED OR RESIGNED IN LIEU OF DISCHARGE? IF SO, PLEASE EXPLAIN.

WERE YOU REFERRED TO COLONIAL BY A PRESENT COLONIAL EMPLOYEE? YES NO

NAME OF REFERRING EMPLOYEE: _____

LIST ANY RELATIVES WORKING AT COLONIAL	RELATIONSHIP	POSITION / DEPARTMENT
1.		
2.		

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM	TO	BRANCH	HIGHEST RANK	DUTIES AND SPECIAL TRAINING

REFERENCES

List three professional references below. Do NOT list relatives.

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

Please Read Carefully Before Signing.

I certify that the statements made in this application are complete and true. I understand that any false statements, answers or omissions made by me in this questionnaire will be basis for my termination or disqualification for employment.

I authorize my personal references, former employers and schools to furnish information regarding my employment, education or association with them. I hereby release said employers, schools and individuals from all liability for any damage for issuing this information. I also release Colonial from any and all liability in connection with the gathering of this information. A photographic copy of this authorization shall serve as if it were an original.

I agree that any offer of employment is conditional until satisfactory completion of a medical examination (where required), drug screen and conviction report. I also understand that to the extent permitted by law, I may be required to take medical examinations during my employment and that should results of any such examination be unsatisfactory, I may be subject to dismissal. I agree as a condition of my employment to submit, upon request of Colonial Management, to a blood and / or urine test for determining the use of alcohol and / or drugs.

I further understand that nothing contained in this employment application or in the granting of an interview is intended to create and employment contract between Colonial and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding upon Colonial unless made in writing by the President or CEO. If I am offered and accept employment, I retain the right to terminate my employment at any time, for any reason and I understand and agree that Colonial retains the same right.

Applicant's Signature

Date

TO BE COMPLETED BY DEPARTMENT HEAD OR SUPERVISOR

APPLICANT NAME: _____

PRIMARY EMPLOYMENT LOCATION

BSQ
 WRC
 CORP
 SCHOOL
 COACH HOUSE

EMPLOYMENT STATUS

<input type="checkbox"/> REGULAR FULL TIME (36 - 40 HOURS / WEEK)	<input type="checkbox"/> PART TIME WITH BENEFITS (25 - 35 HOURS / WEEK)
<input type="checkbox"/> PART TIME WITHOUT BENEFITS (24 HOURS OR LESS / WEEK)	<input type="checkbox"/> PRN (NO SET HOURS) <input type="checkbox"/> TEMP / CO-OP

JOB TITLE	DEPARTMENT	REPLACES

ANNUAL SALARY	HOURLY RATE	COST CENTER	SHIFT DIFFERENTIAL

Indicate special provisions, if any, agreed to as a condition of employment (requires approval of appropriate Senior Management if modification to normal benefit entitlements and / or compensation schedule).

Department Director / Supervisor

Date