



COUNTRYSIDE ASSISTED LIVING

Care ♡ Comfort ♡ Peace of Mind

COUNTRYSIDE ASSISTED LIVING, LLC
1228 BERKELEY STATION RD
MARTINSBURG, WV 25404

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education/Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Trade School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Trade: _____

References

Please list two references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Applicant's Skills

General Information

How will you get to work? _____

Are you willing to work overtime? YES NO

Are you willing to work weekends and/or holidays? YES NO

Check the shifts you are willing to work: 5A-1P 7A-3P 1P-9P 9P-5A 11P-7A

If you are offered employment, when would you be available to begin working? Date: _____

Disclaimer and Signature

Countryside Assisted Living, LLC does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Countryside Assisted Living, LLC the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

If this application leads to employment, I understand that:

False or misleading information in my application or interview may result in my release.

I may be required to take a random drug test.

I will be required to provide finger prints to the state of West Virginia to accomplish a background check.

I will be required to have a CPR and First Aid Certification and renew the same every two years.

I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

*My employment is **at will**, and that either party is free to terminate the employment relationship at any time without cause.*

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____