

# Maritime Gardens Assisted Living

Equal Opportunity Employer

1945 Dewey St.

Manitowoc, WI 54220

(920)682-1945

Application for Employment

Date \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ or \_\_\_\_\_ Referred By \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

## Employment Desired

Position (caregiver, activities, cook) \_\_\_\_\_ Date you can start \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Please State Shift Availability: First Shift (7am-3pm) \_\_\_\_\_ Second Shift (3pm-11pm) \_\_\_\_\_  
Third Shift (11pm-7am) \_\_\_\_\_ Are you interested in Full Time \_\_\_\_\_, Part Time \_\_\_\_\_,

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate: \_\_\_\_\_ Degree: \_\_\_\_\_

Do you have a CNA license \_\_\_\_\_ Do you have CBRF Certifications \_\_\_\_\_ If so, which do you have \_\_\_\_\_

U.S. Military Service Attended: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank: \_\_\_\_\_