

MERIDIAN LIVING

538 BONITA LAKES DR.

MERIDIAN, MS 39301

PH. 601.512.0512 FX. 601.693.3350

Application for Employment

Please print all information requested except signature

Please complete all pages

Date: _____

Notice: Applicants will be drug tested and a background check will be performed

Name _____

Last

First

Middle

Maiden

Present Address _____

Number

Street

City

State

Zip

Telephone _____ Social Sec. Number _____ - _____ - _____

Home

Other

for Nurse Aid Abuse Registry

How long have you lived at current address?

If under 18, please list age _____

Days/Hours available to work :

Position applied for _____

No preference _____ Mon. _____ Tues. _____

and salary desired _____

Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

How many hours can you work weekly? _____

Education	Name of School	Mailing address	No. of years completed	Major/Degree
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High School _____

College _____

Bus. or Trade School _____

Professional School _____

Have you ever been convicted of a crime? _____ **No** _____ **Yes**

If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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Work Experience: (please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer _____ Phone _____

Address _____ Your last job title _____
City State Zip

Name of last supervisor _____ employment dates: from _____ to _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific) _____

List jobs you held, duties performed, skills used or learned, advancements or promotions while working at this company. _____

May we contact your present employer? Yes _____ No _____

Military: Have you ever been in the Armed Forces? Yes _____ No _____

Are you now a member of the National Guard? Yes _____ No _____

Specialty _____ date entered _____ date discharged _____

Did you complete this application yourself? Yes _____ No _____

If not who did? _____

Drivers License: Yes _____ No _____ License number _____ Exp. Date _____

State of Issue _____ Operator _____ Commercial(CDL) _____ Chauffeur _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes _____ No _____ How many? _____

Have you had any moving violations in the past three years? Yes _____ No _____ How many? _____

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Office use only

Typing: Yes ___ No ___ Ten Key: Yes ___ No ___ Excel _____ Word _____
Personal Computer: Yes ___ No ___ PC ___ Mac ___ Other Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

**An application form can make it difficult to adequately summarize an individual's complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Applicant's Signature: _____ Date: _____