



**CHOSEN VALLEY CARE CENTER, INC.**  
A Senior Living Community

1102 Liberty St SE  
Chatfield, MN 55923

**FOR OFFICE USE ONLY:**  
WAGE: \_\_\_\_\_  
SCHD: \_\_\_\_\_  
POSITION: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last (Former)

ADDRESS: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
City State Zip

HOURS AVAILABLE FOR WORK: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
Are you able to rotate shifts? \_\_\_ yes \_\_\_ no

How did you learn of our organization?: \_\_\_\_\_

Are you 16 years of age or older? \_\_\_ yes \_\_\_ no  
Are you 18 years of age or older? \_\_\_ yes \_\_\_ no

Have you been convicted of or plead guilty to a criminal offense in the last seven (7) years? \_\_\_ yes \_\_\_ no. Date: \_\_\_\_\_  
If "yes", state place of and nature of conviction:

Highest education level completed: \_\_\_\_\_  
NAME/ADDRESS OF SCHOOL DEGREE EARNED

**PERSONAL REFERENCES:**

<u>Name</u>	<u>Address/Place of Business</u>	<u>Telephone No.</u>
1. _____	_____	_____
2. _____	_____	_____

**WORK EXPERIENCES:**

<u>Dates</u>	<u>Employer Name</u>	<u>Position Held</u>	<u>Reason Left</u>
_____	_____	_____	_____
_____	<u>Employer Address &amp; Phone #</u>	<u>Supervisor Name</u>	_____

<u>Dates</u>	<u>Employer Name</u>	<u>Position Held</u>	<u>Reason Left</u>
_____	_____	_____	_____
_____	<u>Employer Address &amp; Phone #</u>	<u>Supervisor Name</u>	_____

<u>Dates</u>	<u>Employer Name</u>	<u>Position Held</u>	<u>Reason Left</u>
_____	_____	_____	_____
_____	<u>Employer Address &amp; Phone #</u>	<u>Supervisor Name</u>	_____

I hereby grant permission to contact references and previous employers as listed above.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Application for Employment  
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All applicants who successfully complete the interview and reference checks become potential employees. You will be given a conditional job offer. Finalization of hiring is dependant upon the outcome of the Mantoux test, the successful completion of the background study mandated by the State of Minnesota Department of Human Services and verification that applicant is not listed on the Office of Inspector General (OIG) website exclusion list and a possible physical exam to insure the physical ability to perform the required work of the position.

Employees are scheduled to work a certain number of hours per week and overtime is paid for any hours worked in excess of 40 in one week. All overtime and extra time requires prior authorization of supervisor.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I authorize investigation of all statements contained in the application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Our company is an EEO/AA employer. All qualified applicants for employment will receive consideration regardless of race, color, creed, religion, sexual orientation, national origin, sex, disability, age, marital status, or status with regard to public assistance.

**AFFIRMATIVE ACTION SURVEY**

**Chosen Valley Care Center  
1102 Liberty Street S.E.  
Chatfield, MN 55923**

**POSITION APPLIED FOR:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

Chosen Valley care Center is an Equal Opportunity/Affirmative Action employer, and does not discriminate on the basis of race, creed, religion, sex, age, marital status, national origin, physical or mental disability or other personal characteristics protected by state or federal law.

The facility is required to request the information below from job applicants in order to monitor compliance with EEO/AA federal regulations that apply to long-term care facilities. Submission of this information is voluntary, will be treated as confidential and maintained separate from your application.

\_\_\_\_ I decline to participate in this EEO/AA Survey.

If you are willing to provide the requested information, please check the appropriate blanks below.

PLEASE CHECK ONE:    \_\_\_\_ MALE            \_\_\_\_ FEMALE

PLEASE CHECK ONE:

\_\_\_\_ HISPANIC    \_\_\_\_ WHITE \_\_\_\_ BLACK

\_\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE

\_\_\_\_ ASIAN/PACIFIC ISLANDER

I HAVE A HANDICAP CONDITION:            \_\_\_\_ YES    \_\_\_\_ NO