



2000 Wesleyan Blvd. • Rapid City SD 57702
 Office: (605) 343-3555 • Fax: (605) 721-1457
 www.fountainsprings.net

Employment Application

Date: _____

PERSONAL DATA

Name (Last, First, MI) _____

Current Address (Street, City, State, Zip) _____ County of Current Address _____

Permanent Address (Street, City, State, Zip) _____

Telephone _____ Cell Phone _____ Alternate Phone _____

E-mail Address _____

List names of relatives employed by Fountain Springs Community or Affiliate Companies:

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have you ever been in the armed forces? Yes No
 If yes, which branch? _____
 Dates of service: _____

Are you authorized to work in the United States permanently? Yes No

POSITION APPLYING FOR

Position or type of work desired: _____ Circle those appropriate: Full Time Part Time Seasonal

Days Available: M T W Th F S Su Hours Available: Days Evenings Nights Date Available: _____

Wage or salary acceptable: \$ _____/hr \$ _____/month

How did you hear about the position at Fountain Springs Community?

Have you ever been employed by Fountain Springs Community or Affiliates? Yes No If yes, when and where? _____

Have you applied to Fountain Springs Community or Affiliates in the last 2 years? Yes No

Are you able to perform the essential functions of this position, with or without reasonable accommodation? Yes No

Are you willing to submit to a physical examination by a medical professional to determine your ability to perform essential functions of this position? Yes No

EDUCATION

Circle last grade completed: Grade, trade, or high school Tech., College Graduate School

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4 5 6

List last high school and all business, trade schools, and colleges attended:

Name and Location of School Major/Minor Degree Achieved (include GPA)

CERTIFICATIONS/TRAINING

Type: _____ State: _____ License#: _____ Date: _____

EXTRA CURRICULAR

Extracurricular activities, organizations and clubs (include memberships, offices held, volunteer work, scholarships, awards, honors, sports, etc). You are not required to list activities which may reveal your race, age, religion, sex, sexual orientation, national origin, marital status, any disability, handicap or any other legally protected classes.

EMPLOYMENT HISTORY

List your last four employers, starting with the most recent. If you are currently employed, may we contact your employer? Yes No

Employer	Dates Employed	From:	To:
Address	Telephone		
Position Title	Name of Supervisor and Title		
Summary of Duties			
Reason for leaving	Starting salary:	Ending salary:	

Employer	Dates Employed	From:	To:
Address	Telephone		
Position Title	Name of Supervisor and Title		
Summary of Duties			
Reason for leaving	Starting salary:	Ending salary:	

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Position Title	Name of Supervisor and Title		
Summary of Duties			
Reason for leaving	Starting salary:	Ending salary:	

IMPORTANT – READ BEFORE SIGNING

I certify that the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which Generations Care, LLC, the parent company of the Fountain Springs Community entities, may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to Generations Care, LLC. I understand and agree that if it is subsequently discovered that the information herein is untrue, or that I have failed to disclose a material fact, any offer of employment made to me by Generations Care, LLC may be immediately withdrawn, or if I am already employed by Generations Care, LLC, I may be subject to immediate dismissal at Generations Care, LLC option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by Generations Care, LLC other than for payment of wages at the rate agreed upon for any work I have actually performed for Generations Care, LLC.

If I become employed by Generations Care, LLC, I understand that I have the right to terminate my employment at any time, for any reason, and Generations Care, LLC retains a similar right to terminate my employment at any time, for any reason. I further agree that no promises have been made to me by anyone from Generations Care, LLC, which are not consistent with the above and that no promises, representations or guarantees concerning the terms or any employment offered to me by Generations Care, LLC are, unless made in writing and signed by an authorized representative of Generations Care, LLC.

Date _____ Signature _____

If an employment offer is made, we may require a certified copy of your transcripts.

We are an equal opportunity employer. We consider all positions without regard to race, color or creed, religion, ancestry, national origin, sex, sexual orientation, marital status, any disability, handicap or any other legally protected classes. False statements on the application could be grounds for disqualifications.



Inquiry Release

EMPLOYEE/APPLICANT INFORMATION

Name: _____
Last First Middle

Other Names Used: _____
Last First Middle

Present Address: _____
Street City State Zip

Years lived at present address: _____ Telephone Number: _____

Previous Address: _____
Street City State Zip

Years lived at previous address: _____ Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____
State Number

In consideration for processing my application for employment, I hereby authorize Generations Care, LLC to receive information concerning my employment suitability and qualifications. This may include information on my past employment, education, criminal records, motor vehicle records, personal references and other job related data. I understand that Generations Care, LLC may utilize the services of outside agencies to obtain the reports with the above information, and I authorize Generations Care, LLC to do so. I request and authorize the appropriate individuals, companies, institutions or agencies to release information to Generations Care, LLC, and I release them from any liability as a result of such inquiries or disclosures. I also release Generations Care, LLC from any and all liability with respect to the release or dissemination of any such information. I understand and agree that my employment, promotion or retention may be determined in whole or in part based on the reports issued to Generations Care, LLC.

Signature of employee/applicant: _____ Date: _____