

EDUCATION HISTORY			
	NAME & LOCATION	YEARS ATTENDED DID YOU GRADUATE	SUBJECT STUDIED
HIGH SCHOOL OR GED			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			
OTHER CERTIFICATIONS			

FORMER EMPLOYERS (LIST BELOW THE LAST 3 EMPLOYERS STARTING WITH THE MOST RECENT)				
MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

ADDITIONAL INFORMATION	
Have you used any other name other than those listed? Y ___ N ___	If yes, please explain.
Have you plead guilty to or been convicted of a felony and/or misdemeanor? Conviction will not automatically disqualify you from employment. Y ___ N ___	
If yes, then please explain in detail. If you need more space, please attach a separate sheet of paper. Please do not list any criminal history which has been sealed by a court, or any traffic offenses unless they are alcohol or drug related.	

REFERENCES				
NAME	TITLE	COMPANY	PHONE	RELATIONSHIP

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers are true and complete to the best of my knowledge and I authorize the investigation of all statements contained in the application with expectation of contacting my present employer if I have requested on page one.

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up the ninety (90) days and upon my continued successful performance.

I understand and acknowledge that unless otherwise defined by applicable or written agreement with Dubois Assisted Living, Inc., any employment relationships with the company are considered "employment at will", which means that employee may resign at any time and the employer may discharge the employee at any time with or without cause.

If I should be employed by Dubois Assisted Living Inc., I understand that any false, incomplete, or misleading information given on the application or during an interview shall result in immediate discharge.

I authorize a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background and a Department of Family Services Central Registry Screening be done upon offer of employment.

I authorize the references listed above to give representatives of Dubois Assisted Living Inc., any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from the damage that may result.

I have read and understand and agree to the above statements.

Signature

Date

FOR OFFICE USE ONLY

DATE INTERVIEWED: _____

BY: _____

RESULTING ACTION: _____

HIRED: EMPLOYMENT TO BEGIN ____ / ____ / ____

DID NOT HIRE: SENT NOTIFICATION ____ / ____ / ____

COMMENTS: