

**APPLICATION
FOR
EMPLOYMENT**

Duncan McRae House, Inc.

**WEEKEND ROTATION:
WORK TWO / OFF TWO
PER MONTH**

DATE OF APPLICATION:

Assisted Living Personal Care Home

**PHONE: 912-583-2020
FAX: 912-583-2040**

Jimmie Sue Bland, Owner / Administrator

NAME:		SS#:	ADDRESS:	DATE OF BIRTH:	PHONE:	
MOST RECENT EMPLOYERS: MUST PROVIDE 3		EMPLOYMENT DATES	REASON FOR LEAVING:	PHONE:	MAY WE CONTACT?	
1.		From:				
		To:	Eligible for rehire? Yes No			
2.		From:				
		To:	Eligible for rehire? Yes No			
3.		From:				
		To:	Eligible for rehire? Yes No			
APPLYING FOR WHICH SHIFT	ABLE TO WORK WEEKENDS?	DO YOU HAVE A CRIMINAL HISTORY	HAVE YOU HAD ANY OF THESE COMPLETED IN THE PAST 12 MONTHS?			
7A-3P	2 PER MONTH		PHYSICAL	TB SKIN TEST	CPR	FIRST AID
3P-11P	Yes	Yes	Yes	Yes	Yes	Yes
11P-7A	No	No	No	No	No	No
THREE REFERENCES: NO RELATION TO YOU					PHONE:	
1.						
2.						
3.						
EMERGENCY CONTACT :			RELATION TO YOU :		PHONE:	

DO NOT WRITE BELOW THIS LINE - FOR COMPLETION BY DUNCAN McRAE HOUSE ADMINISTRATOR ONLY:

CRIMINAL HX	PHYSICAL	NEG PPD	IST AID	CPR	HIRE	RELEASE

NOTES: