



For Staff Use Only:
Application Number: _____
Date: _____
Time Received: _____

Employment Application

*****PLEASE COMPLETE ENTIRE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.*****

Options: Submit in person, mail to: 1204 Schrader Acres Drive Nashville, TN 37208, or Email to: info@djjassistedliving.org.

NOTE: In person applications will be accepted Monday through Friday between 8:00am and 4:30pm.

Please print clearly.

Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () ____ - ____ Cell Phone: () ____ - ____

Email Address: _____

Please list the job opening(s) for which you are applying: _____

Are you eligible to work in the U.S.? ☐ Yes ☐ No

Are you at least 16 years of age? ☐ Yes ☐ No

How did you hear about us? _____ Referred by: _____

Are you currently employed? ☐ Yes ☐ No

If offered a position, when can you start? (Please be specific.) _____

Please provide your availability: Full-time Part-time
Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

If you are applying for a Caregiver, CNT or CNA position, please select which shift(s) you are available to work. ☐ 6:45am – 3:15pm ☐ 2:45pm – 11:15pm ☐ 10:45pm – 7:15am

Have you ever been convicted of a crime other than a minor traffic violation?

☐ Yes ☐ No If yes, please explain:

Have you ever been discharged/terminated or have you ever resigned instead of being discharged/terminated by an employer? ☐ Yes ☐ No If yes, please explain:

Have you ever been sanctioned, disciplined, disbarred, and/or excluded by a duly authorized regulatory agency or are there any restrictions or limits on your driver's license or professional certification(s)? ☐ Yes ☐ No If yes, please explain:

Circle highest grade/education completed: High School 9 10 11 12 or GED College 1 2 3 4

HS Diploma/GED Received: ☐ Yes ☐ No

Degree: Associate Bachelor Master Doctorate	Major/Concentration Major: _____ Concentration: _____	Degree/Certification Received? Yes No Date Received: _____ Date Expected: _____
College Name and Location (City and State)		
College Name and Location (City and State)		
High School Name and Location (City and State)		

Employment History (Please list most recent employment first. You may attach a resume; however, this section must still be completed.)

Employer: _____ Telephone (____) ____ - ____
Supervisor's Name: _____ Supervisor's Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employed: (MM/YYYY) From: _____ To: _____ Job Title: _____
Hours worked per week: _____ Is this your current employer? Yes No
Job Duties: _____

Final Salary: _____ May we contact this employer? ___Yes ___No
Reason for Leaving: _____

Employer: _____ Telephone (____) ____ - ____
Supervisor's Name: _____ Supervisor's Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employed: (MM/YYYY) From: _____ To: _____ Job Title: _____
Hours worked per week: _____
Job Duties: _____

Final Salary: _____ May we contact this employer? ___Yes ___No
Reason for Leaving: _____

Employer: _____ Telephone (____) ____ - ____
Supervisor's Name: _____ Supervisor's Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employed: (MM/YYYY) From: _____ To: _____ Job Title: _____
Hours worked per week: _____
Job Duties: _____

Final Salary: _____ May we contact this employer? ___Yes ___No
Reason for Leaving: _____

Additional Skills, Training, Certifications, Licensures

List any additional skills, training and certifications you have that would help us to evaluate your application. Examples include, but are not limited to, job-related skills (i.e. languages, computer software programs, typing speed, use of tools and/or machinery, etc.), job-related trainings, job-related certifications and/or licensures, and membership in professional organizations.

References

Please provide the names, contact information and relationships of four persons who are **not** related to you who know your qualifications. At least one reference you provide should be from a former supervisor/manager.

1. Name: _____
Phone: _____
Relationship: _____

2. Name: _____
Phone: _____
Relationship: _____

3. Name: _____
Phone: _____
Relationship: _____

4. Name: _____
Phone: _____
Relationship: _____

Please read the following agreement carefully before submitting your application. Your submittal acknowledges that you have read, understood and authorize any person, agency or other entity contracted by the David Jones, Jr. Assisted Living Center or its agents, to furnish the following mentioned information.

My signature below certifies that I have read this form in its entirety and understand and authorize the David Jones, Jr. Assisted Living Center or any person, agency or other entity contracted by the David Jones, Jr. Assisted Living Center to verify the information referenced on this form. By submitting this application for consideration, I certify that all of the information on this application and any attachments I provide are true to the best of my knowledge. I understand and agree that any misrepresentations or omission of facts on this application and

any attachments I provide may prevent me from being hired, or if hired, may be grounds for immediate termination of employment. I consent to a criminal background check and pre-employment testing including but not limited to drug screening and skill-related testing if required and permissible by law.

Printed Name: _____

Signature of Applicant: _____ **Date** _____

The David Jones, Jr. Assisted Living Center is established and supported by the members of the Schrader Lane Church of Christ to accommodate those church members, community residents and any other qualifying seniors who need assistance with managing life skills. The David Jones, Jr. Assisted Living Center is a non-profit organization and does not discriminate on basis of race, color, sex, religion, national or ethnic origin.