

601 Village Drive, Marshall, MN 56258 (507) 532-3834 FAX (507) 537-2488 604 Village Drive, Marshall, MN 56258 (507) 929-1234

Assisted Living

Boulder Creek



601 Village Drive, Marshall, MN 56258 (507) 537-2412 FAX (507) 537-2430

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print				
Date of Applica	tion:			
Position Desired	d:	Building:	Boulder Estates	Boulder Creek
NAME:				
	First	Middle	Last	
ADDRESS:				
	Street	City	State	Zip Code
TELEPHONE:	Cell:	Home:		
When would yo	u be able to start wor	k?	-	
Referral Source:	: (check one)		mployment Agency	
Are you legally	eligible for employm	ent in the United States?	es 🗌 No	
Have you ever b	been employed by Bo	ulder Estates and/or Stepping Sto	ne Home Care?	Yes 🗌 No
If Yes, Empl	oyment Date(s):	Pos	sition(s):	
Do you have any	y relatives that work	or have worked for Boulder Estate	es and/or SSHHC? [Yes No

If Yes, please list the name(s), position and dates of employment:

EDUCATIONAL BACKGROUND

	Name & Location of School	Years Completed	Did You Graduate?	Type of Diploma or Degree
High School/GED		1 2 3 4	🗆 Yes 🗖 No	
College/Vocational		1 2 3 4	🗆 Yes 🗆 No	
Graduate School		1 2 3 4	🗆 Yes 🗆 No	

EMPLOYMENT HISTORY (Starting with the most recent)

Present/Last Employer:			Job Title:		
Address:			_ Dates of Employment: _		
Street	City	State		From	То
Supervisor's Name & Title:			Telephone Number		
Duties performed at job:					
Reason(s) For Leaving:					
Previous Employer:			Job Title:		
Address:					
Street	City	State		From	
Supervisor's Name & Title:			Telephone Number		
Duties performed at job:					
Reason(s) For Leaving:					
Previous Employer:			Job Title:		
Address:					
Street	City	State		From	То
Supervisor's Name & Title:			Telephone Number		
Duties performed at job:					
Reason(s) For Leaving:					

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: ______

REFERENCES

Name	Relationship to Applicant	Telephone Number	Years Known
		()	
		()	
		()	

The information provided in the application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application.

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.



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REFERENCE INFORMATION RELEASE FORM

To whom it may concern:

I authorize Boulder Estates/Boulder Creek/Stepping Stone Home Health Care to contact any individual or organization listed on my application or resume. And I hereby request and authorize the release of information from my records to Boulder Estates/Boulder Creek/Stepping Stone Home Health Care.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

I hereby agree not to file or pursue any complaints, claims or legal actions against any organization or individual that provides work-related information about me to Boulder Estates/Boulder Creek/Stepping Stone Home Health Care. I also agree not to file or pursue any complaints, claims or legal actions against Boulder Estates/Boulder Creek/Stepping Stone Home Health Care or any of its employees arising out of their efforts to obtain work-related information about me.

Please check one:

First

This release does not apply to my current employer

Print Name: ____

Middle

Last

Signature: _____

Date: _____