

Auburn Courts – The Courtyard at Auburn Auburn Manor – Talheim

501 Oak Street N, Chaska, MN 55318 952-448-9303

Auburn Home in Waconia

594 Cherry Drive, Waconia, MN 55387 952-442-2546

Auburn Meadows

Application for Employment

591 Cherry Drive, Waconia, MN 55387 952-448-9303

Name		Soc. Sec. #			
Last First	Middle				
AddressStreet	City	State Zip Code			
	•	·			
Home phone # () Cell/Other Phone # ()		_ Email address			
Position(s) applied for					
Referral Source (Please mark the appropriate category and list the source.)					
□ Walk-in		School			
□ Employee		Advertisement			
☐ Company's Website		Other			
AM .	_	V			
If necessary, best time to call you is: PM		Home □ Cell/Other Phone			
☐ Yes ☐ No May we contact you at work?		AM			
If yes , work number and best time to call: ()PM					
☐ Yes ☐ No Have you submitted an application here before?					
If yes , give date(s) and position(s):					
☐ Yes ☐ No Have you ever been employed here before? If yes, give dates: From// To//					
☐ Yes ☐ No Is this application a request for reemployment following an extended military leave of absence from this company?					
☐ Yes ☐ No Are you legally eligible for employment in this country?					
Date available for work://					
What is your desired salary range or hourly rate of pay? \$ per					
Type of employment desired: ☐ Full-Time ☐ Part-Time					
Type of work schedule interest in: (check all that apply)					
□ Days (1 st shift) □ Evenings (2 nd shift)		□ Nights (3 rd shift)			
□ On-call □ Weekends □ Short Shift AM PM Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. □ Yes □ No Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? If yes, please provide date(s) and details:					

Employment History

Starting with your most recent emp	oloyer, provide the following informati	on:				
Employer	Telephone #		Dates employed:	Month Year /	Month to	Year /
Street Address	City	State	Compensation	(Starting)		
- C.1. C.S. 7. 1. G.G. 1000	3.9	Claro		-		
Starting job title/final job title			□ Hourly	□ Salary	\$	per
Starting Job title/illiai Job title			Commission/Bonu	\$		
Immediate supervisor and title (for mos	st recent position held)		Compensation	(Final)		
			□ Hourly	□ Salary	\$	per
Why did you leave?			,		· ·	<u> </u>
			Commission/Bonus/Other Compensation \$			¢
Summarize the type of work performed	I d and job responsibilities.		Commission/Bonus/Other Compensation \$			Ψ
Employer	Telephone #		İ	Month Year	Month	Year
Employor	Totophone ii		Dates employed:	/	to	/
Street Address	City	State	Compensation ((Starting)		
			□ Hourly	□ Salary	\$	per
Starting job title/final job title	L		,	•		
			Commission/Bonu	s/Other Compensati	on	\$
Immediate supervisor and title (for mos	st recent position held)		Compensation	on (Final)		
			□ Hourly	□ Salary	\$	per
Why did you leave?				_ 	1 +	ρο.
			Commission/Ronu	s/Other Compensati	on	\$
Summarize the type of work performed	d and job responsibilities.		COMMISSION DONA	3/Other Compensati	011	Ψ
Employer	Telephone #			Month Year	Month	Year
			Dates employed:	/	to	/
Street Address	City	State	Compensation ((Starting)		
Starting job title/final job title			□ Hourly	□ Salary	\$	per
Starting job title/inial job title			Commission/Bonu	s/Other Compensati	on	\$
Immediate supervisor and title (for mos	ot recent position hold)				<u> </u>	
inimediate supervisor and title (for mos	st recent position near		Compensation	n (Final)		
Miles d'alessa le ses O			□ Hourly	□ Salary	\$	per
Why did you leave?						
			Commission/Bonu	s/Other Compensati	on	\$
Summarize the type of work performed	d and job responsibilities.					
Employment History (conti	inued)					
Explain any gaps in your employn	nent other than those due to persona	l illness iniu	ırv or disability			
Explain any gaps in your employment, other than those due to personal illness, injury or disability.						
☐ Yes ☐ No If not a If yes, please explain:	ddressed on previous page, have you	ever been fi	ired or asked to re	sign from a job?		

Skills and Qualific	ations							
Please use the space bel Geriatrics, special equip				o describe your full quali ams).	ifications (i.e. special	ty areas such as ICU,	
☐ Yes ☐ No If yes, please describe:				ge other than English?				
Education and Tra	nining							
Name of School and Address		No. of Years Course/Major		Diploma/Degree				
Professionals and T	Fechnical Annli	cants On	l Nv					
Professionals and Technical Applicants On Professional License Number		Type of License	Place of Issue		Expiration Date			
						/ /		
						/ /		
References								
List names and telephorapplicable, list three sch				who are <i>not</i> related to you	ou and are r	not previou	s supervisors. If not	
Name Title Relatio		onship to you	Telephone E-		-mail # of years known			
				()				
				()				
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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, Auburn Homes & Services (AHS), its representatives, employees or agents to contact and obtain information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding AHS, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 120 days. At the conclusion of that time, if I have not heard from AHS and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and AHS reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of AHS is authorized to make any assurances to the contrary and that nor implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by AHS' president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Auburn Homes & Services does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Auburn Homes & Services likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Auburn Homes & Services takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from Auburn Homes & Services' service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.					
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.					
Signature of Applicant	Date:/				