



PERSONAL DATA						
NAME LAST FIRST M				DATE	HOME PHONE	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE		
				EMAIL		
MALE FEMALE		DO YOU WANT LIVE-IN CARE YES NO			Can you receive text messages? YES NO	
VEHICLE (YEAR, MAKE)		DRIVER'S LICENSE YES NO			SD LICENSE #:	
		DO YOU HAVE A MEDICAL LIC. IN SOUTH DAKOTA? YES NO TYPE: RN LPN CNA CMA				

PLACEMENT INFORMATION						
DATE AVAILABLE			IDEAL NUMBER OF HOURS PER WEEK		Are you available for overnight shifts? YES NO	
HOURS AVAILABLE TO WORK						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION				
LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES				
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

REFERENCES			
NAME	RELATIONSHIP	TELEPHONE NUMBER	YEARS

EMPLOYMENT HISTORY			
PRESENT/LAST EMPLOYER		TELEPHONE NUMBER	SUPERVISOR'S NAME MAY WE CONTACT? YES NO
ADDRESS		POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES		DATES EMPLOYED ___/___ TO ___/___ MO YR MO YR	REASON FOR LEAVING
FIRST PREVIOUS EMPLOYER		TELEPHONE NUMBER	SUPERVISOR'S NAME MAY WE CONTACT? YES NO

ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING
NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER	SUPERVISOR'S NAME MAY WE CONTACT? YES NO
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR	REASON FOR LEAVING

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS
DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION

HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS?	YES NO	TESTED POSITIVE NEGATIVE
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES NO	IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED?
DO YOU HAVE A CLEAN DRIVING RECORD?	YES NO	IF NO, PLEASE EXPLAIN?

By signing this application or sending electronically, I certify this information to be true and agree to allow Golden Ridge Senior Living to perform a criminal history background check, at their leisure, and I give permission to Golden Ridge Senior Living to check my references.

_____/_____
SIGNATURE DATE

Please mail this form to:

COMPASSION HEALTH SERVICES
PO Box 745
Rapid City, SD. 57709

Alternatively you can Email the form to:

work@compassionhs.com