

Maple Woods Assisted Living & Memory Care
40170 County Rd 257 | Cohasset, MN 55721 | 218.999.9072 ext.2
Fax 218.999.9068 | mwoods@paulbunyan.net

Applications are considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

Application for Employment

Date: _____

GENERAL INFORMATION

PCA LPN RN Other _____

Preferred Scheduling: Full Time Part Time Casual

Preferred Shift: Days Evenings Nights Available Start Date: _____

Name _____ Phone (____) _____

Current Address _____

City, State, Zip _____

Have you ever been convicted of or charged with a felony or misdemeanor? Yes No

If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

EMPLOYMENT / WORK EXPERIENCE

Summarize your Special Skills or Qualifications:

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Previous Employers

Employer _____ Job Title _____

Supervisor _____ Phone (_____) _____

Street Address _____

City, State, Zip _____

Describe duties/responsibilities/accomplishments:

Reason for Leaving: _____ May we contact employer Yes No

Dates of Employment (month/year) from _____ to _____

Employer _____ Job Title _____

Supervisor _____ Phone (_____) _____

Street Address _____

City, State, Zip _____

Describe duties/responsibilities/accomplishments:

Reason for Leaving: _____ May we contact employer Yes No

Dates of Employment (month/year) from _____ to _____

Employer _____ Job Title _____

Supervisor _____ Phone (_____) _____

Street Address _____

City, State, Zip _____

Describe duties/responsibilities/accomplishments:

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EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR / DEGREE
High School				
College				
Business/Trade				
Professional				

SKILL ASSESSMENT

Please indicate your experience in the following areas.

SERVICE EXPERIENCE	NONE	SOME	VERY	SERVICE EXPERIENCE	NONE	SOME	VERY
PERSONAL CARE				HOME MAKING			
Skin Care				Laundry			
Bed Bath				Sweeping, Vacuuming, Mopping Floors			
Perineal Care				Cleaning Bathtub			
Shower				Cleaning Toilet			
Tub Bath				Washing dishes			
Dressing				ACTIVITY			
Hair Care				Range of Motion			
Nail Care				Ambulating			
Oral Care				Standing Pivot Transfer			
Dressing				Sliding Board Transfer			
Preparing for bed				Hoyer Lift Transfer			
TREATMENTS				Full Assist Transfer			
Medication Reminders				Making Occupied Bed			
Administering Medication				Making Unoccupied Bed			
Positioning Resident				OTHER			
Care of Pressure Sores				Behavior Management			
Suppository Insertion				Writing Incident Reports			
Digital Stimulation				ADDITIONAL SKILLS			
Toileting							
Colostomy Care							
Catheter Care							
Leg Bag/Night Bag Set Up							
DIET							
Meal Preparation							
Assist Feeding Resident							

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PERSONAL REFERENCES

Please provide names, address, phone number, relationship, and how long known.

Name _____ Phone (____) _____

Relationship _____ Years Known _____

Street Address _____

City, State, Zip _____

Name _____ Phone (____) _____

Relationship _____ Years Known _____

Street Address _____

City, State, Zip _____

Name _____ Phone (____) _____

Relationship _____ Years Known _____

Street Address _____

City, State, Zip _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signature of applicant: _____ Date: _____