



THE LAMOINE
Assisted Living
& Memory Care

203 N. Randolph
 Macomb, IL 61455
 (309) 575-3018
 www.TheLamoine.com

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.

Personal Information

Name (First, MI, Last)		
Street Address		
City, State, and Zip Code		
Telephone	Alternate Phone	
Email		
Are you over the age of 18?	Yes	No
Are you legally eligible to work in the United States?	Yes	No
Have you ever been arrested/convicted of a crime other than a minor traffic offense?	Yes	No

Job Type

Job Applying for:						
Availability						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
I am seeking a:	Full-time job		Part-time job		Temporary job	
How many hours can you work weekly?		Can you work nights?		Date available to start		

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	
City, State, and Zip Code	End Date	
Phone number	Your last job title	
Reason for leaving		
Description of duties:		
May we contact this employer? Yes No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	
City, State, and Zip Code	End Date	
Phone number	Your last job title	
Reason for leaving		
Description of duties:		
May we contact this employer? Yes No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	
City, State, and Zip Code	End Date	
Phone number	Your last job title	
Reason for leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

References

Please include name, phone number, and circumstances of your acquaintance.

1.

2.

3.

Professional Licenses and/or Certifications

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date