



# Job Application

**Sojourn Adult Day Services, Sojourn Suites, and Sojourn At Home, LLC**  
**5200 Maywood Road, Mound, MN 55364**  
**Ph: (952) 471-6080 Fax: (952) 471-6128 Tom@sojourngreatdays.com**

Personal Information					
Last		First	FULL Middle	SSN#	Email
Street Address		City	St	Zip	Drivers Lic #
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Home Phone	Cell Phone	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Of Birth:	Other Phone	
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Do you have Dementia experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Mental Health experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
What position are you applying for?			How did you hear about this position?		
Expected Hourly Rate		Expected Weekly Earnings		Date Available	

Prior Work Experience			
	Current or Most Recent	Prior	Prior
Employer			
Address			
Phone			
Name of Immediate Supervisor			
Position/ Job Title			
Dates of Employment	From                      To	From                      To	From                      To
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education				
	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9   10   11   12		
College/University		1   2   3   4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Professional References (list at least 3)				
Name	Phone Numbers	Relationship	Years Known	(office Use)

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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