

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE RECRUIT, HIRE, TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATE, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW.

Please print all requested information.

Date: _____

Position(s) Applied For:			Salary Desired:		
Are you applying for					
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> PRN	
If seeking Part Time work, specify the number of days per week _____					
Last Name		First Name		Middle	
			Social Security Number		
Address		City		State	
		Zip Code		Area Code	
				()	
				()	
				Telephone Number	
				Day	
				Evening	
Are you either a U.S. citizen or an alien who has the legal right to work in the job(s) for which you are applying?			Are you 18 years or older?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been excluded from participating in the Medicare or Medicaid Program?			Have you ever been convicted of a crime other than a minor traffic violation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation. _____ _____ _____		
Have you ever been employed by this company?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, dates, position and department employed					
Have you ever applied at this facility before?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have relatives or friends employed at this facility?			How were you referred?		
Name(s)			<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employee Referral		
Have you ever been disciplined for resident or patient abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Career Day <input type="checkbox"/> Friends/Relative		
Have you ever been terminated or asked to resign from any job position? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Job Fair <input type="checkbox"/> Other _____		
If "Yes", explain fully. (A "Yes" answer is not an automatic bar from employment.)			<input type="checkbox"/> Rehire _____		
			Other names by which you are known:		

Shift Preference (Check One)		If preferred shift is unavailable, will you work?		If required, will you work?	
		Yes No		Yes No	
Day		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> Saturdays	
Evening		<input type="checkbox"/> <input type="checkbox"/> Day		<input type="checkbox"/> <input type="checkbox"/> Sundays	
Night		<input type="checkbox"/> <input type="checkbox"/> Evening		<input type="checkbox"/> <input type="checkbox"/> Holidays	
		<input type="checkbox"/> <input type="checkbox"/> Night		<input type="checkbox"/> <input type="checkbox"/> Rotating Shifts	
OFFICE USE ONLY					
Employee Number _____			Application Number: _____		

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Beginning with your current employer, list the last four positions of employment held in date order.

Name of Employer	Position Held	Dates From: To:
Address	Telephone	Name of Supervisor
City & State	Zip Code	Reason for leaving
May we contact this employer? Yes No	Starting Salary	Ending Salary
Name of Employer	Position Held	Dates From: To:
Address	Telephone	Name of Supervisor
City & State	Zip Code	Reason for leaving
May we contact this employer? Yes No	Starting Salary	Ending Salary
Name of Employer	Position Held	Dates From: To:
Address	Telephone	Name of Supervisor
City & State	Zip Code	Reason for leaving
May we contact this employer? Yes No	Starting Salary	Ending Salary
Name of Employer	Position Held	Dates From: To:
Address	Telephone	Name of Supervisor
City & State	Zip Code	Reason for leaving
May we contact this employer? Yes No	Starting Salary	Ending Salary

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EDUCATION

School	School Name and Location	Course of Study	Circle Last Year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4 5 6 7 8	
Area of Specialization or Major Interest			Typing:	Approximate WPM
List Business, Hospital, Nursing Facility, Medical or Industrial Equipment Operated			List Computer Equipment you are familiar with	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you:	Currently:	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Licensed	<input type="checkbox"/>	Certified
	Eligible:	<input type="checkbox"/>	Registration	<input type="checkbox"/>	Licensure	<input type="checkbox"/>	Certification

IF LICENSED, REGISTERED OR CERTIFIED

Type	No:	State Issued	Date Issued	Expiration

LANGUAGE SKILLS (OTHER THAN ENGLISH)

Since communication with residents, their families and physicians sometimes involves the use of foreign languages, please identify other languages (including sign language) that you are fluent in.

Speak:	Write:	Read:

REFERENCES

Name	Address	Telephone	Relationship

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I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discover subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Facility has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Facility to verify the accuracy of representations made herein and to obtain reference information on my work performance. I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation listed herein, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with Facility requirements or otherwise.

I HEREBY RELEASE the Facility from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Facility and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Facility any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Facility without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Administrator of the Facility has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Facility's Terms of Employment and Policy and Procedures, as amended from time to time by the company.

Applicant's Signature

Date

OFFICE USE ONLY		
Date of Hire:	Position:	Shift: