

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 STATES, 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

FULL TIME OR PART TIME REGULAR TEMPORARY SUMMER EMPLOYMENT

IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER WEEK _____

LAST NAME

FIRST NAME

MIDDLE

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIPCODE

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? YES NO

EMAIL: _____

ARE YOU 18 OR OLDER? YES NO

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATING IN THE MEDICARE OR MEDICAID PROGRAM?

YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

YES NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?

YES NO

IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED _____

A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?

YES NO WHEN? _____

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY? YES NO

NAME(S) _____

HOW WERE YOU REFERRED?

NEWSPAPER AD

FRIENDS/RELATIVE

EMPLOYEE REFERRAL

REHIRE

CAREER DAY

OTHER _____

JOB FAIR

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE? YES NO

OTHER NAMES BY WHICH YOU ARE KNOWN:

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION? YES NO
IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)

SHIFT PREFERENCE
(CHECK ONE)

DAY
 EVENING
 NIGHT

IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK?

| YES | NO | |
|--------------------------|--------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | DAY |
| <input type="checkbox"/> | <input type="checkbox"/> | EVENING |
| <input type="checkbox"/> | <input type="checkbox"/> | NIGHT |

IF REQUIRED, WILL YOU WORK?

| YES | NO | |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | SATURDAYS |
| <input type="checkbox"/> | <input type="checkbox"/> | SUNDAYS |
| <input type="checkbox"/> | <input type="checkbox"/> | HOLIDAYS |
| <input type="checkbox"/> | <input type="checkbox"/> | ROTATING SHIFTS |

FOR OFFICE USE ONLY

EMPLOYEE NUMBER _____

APPLICATION NUMBER _____

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

| | | | |
|--|------------------------------|---|---------------|
| NAME OF EMPLOYER | POSITION HELD | DATES FROM TO | HRS/WK |
| ADDRESS | NAME AND TITLE OF SUPERVISOR | WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment? | TELEPHONE # |
| CITY STATE ZIP | REASON FOR LEAVING | STARTING SALARY | ENDING SALARY |
| DUTIES | | | |

| | | | |
|--|------------------------------|---|---------------|
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| | | | |
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| CITY STATE ZIP | REASON FOR LEAVING | STARTING SALARY | ENDING SALARY |
| DUTIES | | | |

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

| EDUCATION | | | | |
|--|--------------------------------------|---------------------------------------|--|---|
| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | CIRCLE LAST YEAR COMPLETED | LIST DIPLOMA DEGREES(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 – Approx WPM _____ SHORTHAND – Approx WPM _____ | |
| LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED | | | WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH? | |
| PROFESSIONAL LICENSES AND/OR CERTIFICATES | | | | |
| 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 THAT YOU SPEAK _____, WRITE _____, AND READ _____ INCLUDING SIGN LANGUAGE: | | | | |
| UNITED STATES MILITARY SERVICE: If you obtained any experience or skills while performing military service that relates to the job for which you are applying, please describe the nature of your duties that led to the experience. | | | | |
| ADDITIONAL REFERENCES PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANZATIONS, ETC. (NOT FRIENDS OR RELATIVES) | | | | |
| NAME | ADDRESS | TELEPHONE | RELATIONSHIP | |
| | | | | |
| | | | | |
| ADDITIONAL INFORMATION: Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law. | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

Date: _____ **Signature:** _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

| | |
|--|---|
| DATE OF BIRTH | MAIDEN NAME |
| PERSON TO NOTIFY IN CASE OF EMERGENCY | RELATIONSHIP |
| ADDRESS CITY STATE | AREA CODE TELEPHONE NUMBER |