

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
 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

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)

 OTHER NAMES BY WHICH YOU ARE KNOWN:

SHIFT PREFERENCE (CHECK ONE) <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">DAY</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">EVENING</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">NIGHT</td> </tr> </table>	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? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">YES</td> <td style="text-align: center; padding: 2px;">NO</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">SATURDAYS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">SUNDAYS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">HOLIDAYS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">ROTATING SHIFTS</td> </tr> </table>	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
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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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GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

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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 <u>OPERATED</u>			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