

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
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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	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? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 BEEN CONVICTED OF ANY 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 CRIME AND YOUR SUBSEQUENT REHABILITATION,
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HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN: _____	HOW WERE YOU REFERRED? <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIENDS / RELATIVE <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> REHIRE <input type="checkbox"/> CAREER DAY <input type="checkbox"/> OTHER _____ <input type="checkbox"/> JOB FAIR
DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME: _____	_____ _____ _____

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE? HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT) HOW SOON ARE YOU AVAILABLE TO BEGIN EMPLOYMENT?	
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SHIFT PREFERENCE (CHECK ONE) <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> 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
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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 NUMBER
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY
ENDING SALARY					

DUTIES

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 NUMBER
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY
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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 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 SHORTHAND	APPROX. WPM 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 EQUIPMENT 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 military service that relate 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 ORGANIZATIONS, 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
			_ _ _	_ _ _ _ _ _