An Equal Opportunity Employer

Application for Employment

It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please Print Clearly

Contact Information

Date _____ Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
(if different from present address) Street City State Zip

Telephone _____ SSN _____-_____-_____

Employment Desired

Position Applied For: _____ Date available to begin work: _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On Call

Are there any hours, shifts, or days you cannot or will not work? _____

Are you willing to work overtime as required? Yes ☐ No ☐

Personal Information

Have you ever been employed at this company before? Yes ☐ No ☐

Are you related to anyone employed at this company? ☐ Yes ☐ No

If so, whom? _____

Are you at least 18 years of age? ☐ Yes ☐ No If not, can you furnish a valid work permit?_____

Are you legally eligible for employment in the United States? ☐Yes ☐ No
Evidence of US Citizenship or proof of legal right to live & work in this country will be required upon employment.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes ☐ No ☐
Conviction does not necessarily disqualify an applicant from employment. Date, relevance, etc., will be considered.

If yes, please state nature of the crime(s), when and where convicted and disposition of the case:_____

_____

_____

How were you referred to us? ☐ Advertisement ☐ Employee ☐ School ☐ Other

Licensure/Certification

Do you currently hold a valid professional license or certification? ☐ Yes ☐ No

If yes, note Type(s): Administrator ☐ Preceptor ☐ Registered Nurse ☐

☐ LVN ☐ CNA ☐ Other _____

State: _____ Number: _____ Expiration Date: _____

DHS Verification Number: (FOR EMPLOYER USE ONLY)

Confirmation Number:_____ State:_____ Expiration:_____

Verified by: _____ Title:_____ Date:_____

Physical Data

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, please describe the functions that cannot be performed: _____

_____

NOTE: We comply with the ADA and consider reasonable accommodations that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Education, Training & Experience

School	Name & Address	Years Completed	Graduate? (Yes/No)	Degree/ Diploma
High School				
College/University				
College/University				
Vocational				
Health Care				
Other Training				

Employment History

List below present and past employment, including military experience, starting with most recent employer. Account for all periods of unemployment. You must complete this section even if submitting a resume.

Name of Current/Most Recent Employer:	Telephone No.:
Type of Business:	Your Supervisor's Name:
Street Address:	City, State, Zip:
Dates of Employment From: To:	Position Held:
Reason for Leaving:	May we contact this employer for a reference?

Name of Previous Employer:	Telephone No.:
Type of Business:	Your Supervisor's Name:
Street Address:	City, State, Zip:
Dates of Employment From: To:	Position Held:
Reason for Leaving:	May we contact this employer for a reference?

Name of Previous Employer:	Telephone No.:
Type of Business:	Your Supervisor's Name:
Street Address:	City, State, Zip:
Dates of Employment From: To:	Position Held:
Reason for Leaving:	May we contact this employer for a reference?

References

List below three persons not related to you who have knowledge of your work performance within the past three years.

Name	Telephone Number	Occupation	# of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's President.

_____ _____

Applicant's Signature Date