Application for Employment

Date of Application: _____ Position Applying for: _____

Name: _____

(Last) (First) (Middle)

Address: _____

(Street) (City) (State) (Zip)

Phone Number: _____ Social Security Number: _____

Email: _____

List all other names or aliases you have ever previously been known by, including but not limited to nicknames, maiden names, and other married names

Professional License # (if applicable): _____

Are you at least 18 years of age? Yes ☐ No ☐

Are you at least 16 years of age? Yes ☐ No ☐

Are you employed now: Yes ☐ No ☐

May we contact your current employer? Yes ☐ No ☐

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

On what date would you be available for work? _____ Expected Salary: _____

Are you able to work:

Full-time ☐ or Part-time ☐ What Days: S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐

What hours: 6-2 ☐ 2-10 ☐ 10-6 ☐

Are you on lay-off and subject to recall: Yes ☐ No ☐

Are there currently any criminal charges pending against you, or are you under investigation for child or dependent adult abuse: Yes ☐ No ☐

If Yes, Explain:

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple mis-demeanor offense relating to motor vehicles and laws of the road in this state or any other state? If yes please explain:

Have you ever been or are you currently excluded or debarred from participation in any Federal or State healthcare program, including Medicare and Medicaid. If yes please indicate applicable dates/reasons:

Have you ever had a professional license subject to suspension or revocation in this or any other state? If yes, please specify the date and reason:

Have you ever voluntarily relinquished your professional license in this or any other state? If yes, please specify the date and reason:

References: (Please choose three people who are not related to you)

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Education

High School	Name:	9☐ 10☐ 11☐ 12☐GED☐	
University or College	Name:	Field of Study:	Diploma or Degree Obtained:
Vocational or Trade School	Name:	Field of Study:	Licensure Obtain

Additional training, education, or qualifications you may have:

Previous Employment & References

Employer: _____ Phone Number: _____

Dates Employed: Start _____ End _____

Job Title: _____

Work or Duties Performed: _____

_____

Hourly Rate or Salary: Starting _____ Final: _____

Reason for Leaving: _____

Employer: _____ Phone Number: _____

Dates Employed: Start _____ End _____

Job Title: _____

Work or Duties Performed: _____

_____

Hourly Rate or Salary: Starting _____ Final: _____

Reason for Leaving: _____

Personal Reference: _____ Phone Number: _____

How do you know this person: _____

How long have you known this person: _____

Personal Reference: _____ Phone Number: _____

How do you know this person: _____

How long have you known this person: _____

Have you ever been fired from a job? Yes ☐ No ☐

If Yes, please list the job and circumstance disclosed to you by your employer:

Applicants Statement

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in the Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in the application, including any criminal or abuse record. I understand that any false or misleading information provided, or failure to provide information, can result in the decision not to hire, immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this application I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may be grounds for termination. I also understand that I may be required to pass an agility test. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment.

I understand that this application is not a contract of employment; that if hired, regardless of any oral representations to the contract, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if I am hired I am required to abide by all rules and regulations of the facility.

Signature: _____ Date: _____

An Equal Opportunity Employer

Applicants are considered for, and employees are treated during employment without regard to age, race, color, sex, national origin, religion, sexual orientation, disability or status as a disabled Vietnam-era Veteran.