

EMPLOYMENT APPLICATION

This establishment does not discriminate on the basis of age, race religion color, sex, national origin, marital status, physical or mental disability or any other lawfully protected status. Therefore, in order to consistently consider applicants all portions of this application form must be completed. Omissions, misrepresentations or falsifications will be cause for disqualification for, or discharge from employment. Thank you for taking the time to accurately apply for employment with us.

NAME: _____ TODAY'S DATE _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
(STREET) (P.O.)

(CITY) (STATE) (ZIP)

TELEPHONE NUMBER HOME () _____ SOCIAL SECURITY NUMBER _____

ALTERNATE PHONE NUMBER () _____

Are you eligible to work in the United States _____ yes _____ no

Have you ever worked for a hospital, nursing home, homecare, or any medical related field? _____ yes _____ no

Have you ever been convicted of a crime (excluding traffic violations)? _____ yes _____ no

If yes, please explain _____

Please list: Names of relatives employed here: _____

Names of friends employed here: _____

Have you ever applied for work here before? _____ yes _____ no If yes, when? _____

Positions for which you are applying. (Please check appropriate box[s])

Nursing: RN _____ LPN _____ CNA _____ ;Dietary: cook _____ Aid _____ Dishwasher _____

Social Worker _____ Laundry _____ Maintenance _____ ; Therapy: OT _____ PT _____ Speech _____

Bookkeeper _____ Activities _____ Medical Records _____ Clerical _____ Housekeeping _____

Central Supply _____ Other (specify) _____

Wages Expected? _____ per hour; or _____ per week; or _____ per month _____

Do you want Full time _____ ; or Part time _____ work?

If Full time, which shift would you prefer? _____ Day _____ Evening _____ Night

If Part time, how many hours per week? _____ What shifts are you available for? Day _____ Evening _____ Night _____

Which days per week are you available (Please circle the days that you can work) Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

After what date are you available to work? _____

Have you read the Job Description(s) for the job(s) for which you are applying? _____ yes _____ no _____

Are you able to perform all the tasks described? _____ yes _____ no If no, which tasks are you unable to perform? _____

If licensed or certified by any State in the health care field, please give number and State of License

EDUCATION

| | | | | | | | | | | | | | | | | | | | |
|---|------|---|---|----|---|---|------------|---|---|-------------------|----|----|---------------|----|----|----|----|----|--|
| Draw circle around highest grade completed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| Name and location of high school or college | From | | | to | | | Attendance | | | Degree or diploma | | | Major subject | | | | | | |
| High school | | | | | | | | | | | | | | | | | | | |
| College or University | | | | | | | | | | | | | | | | | | | |
| Technical school | | | | | | | | | | | | | | | | | | | |

Account for all periods of employment and unemployment: (Most current employment first)

| From | To | Employer | Address | Duties | Why did you leave? |
|------|----|----------|---------|--------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

May we contact the employers listed above? _____

If not, indicate which ones you do not wish us to contact _____

MILITARY SERVICE

| Branch of Service | Entered | Discharged | Duties | Rank | Type of discharge |
|-------------------|---------|------------|--------|------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |

I hereby verify that if I become employed I understand that as a continuing condition of my employment, I will

- 1. Maintain positive and harmonious relationships with patients, visitors and staff _____ yes _____ no
- 2. Appear for duty as scheduled or at least to secure a replacement in the event of unforeseen circumstances _____ yes _____ no
- 3. Be a team member, rendering help to fellow staff in other departments as needed _____ yes _____ no

I certify that the information contained in this application is correct and understand that falsification of this document in any detail or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of this establishment, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also agree to submit to a physical examination if any employment offer is extended and to cooperate fully with other examinations or investigations that may be requested by the employer from time to time as an ongoing condition of employment.

Therefore, you are authorized by my signature below to make such initial investigations you deem necessary as to personal character, reputation, work history, credit record, convictions or other such lawful inquires prior to or during employment
I understand that this application will be active for 60 days if not employed; ther after, I will have to reapply.

 Signature Date