

# Application for Employment

It is this agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

Applicant Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you at least 18 years old: \_\_\_\_\_

Full Time    Part Time    Part Time Per Visit    Pool

Position Applying For: \_\_\_\_\_

**Shift:**    Day    Night    Evenings    Weekends

Salary Requirements: \_\_\_\_\_

Date Available

/ /

If you are not a US Citizen, have you the legal right to remain permanently in the US?

Yes

No

Do you have the adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?    Yes    No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years?    Yes    No

If Yes, please give date, place and nature of each such conviction: \_\_\_\_\_

Are you presently charged with any violation of the law other than a traffic violation?    Yes    No

If Yes, please give date, place and nature of each such conviction: \_\_\_\_\_

## Education History

School Type	Name and Location of School	Circle last year attended	Year Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
College		to:   fr:		

List professional licenses you possess. Indicate type of license, number and state: \_\_\_\_\_

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicated age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability: \_\_\_\_\_

List languages spoken other than English: \_\_\_\_\_

List other skills applicable to the position for which you are applying, including computer experience, typing, etc.: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Out of state contact, if possible: \_\_\_\_\_

Relationship: \_\_\_\_\_

Applicant Name:

### Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete Address / City / State / Zip	Phone Number	Supervisor Name
Start Date - Date Left	Position	Salary	Contact Supervisor
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business	Reason for Leaving		

Describe your job title, responsibilities and accomplishments:

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Company Name	Complete Address / City / State / Zip	Phone Number	Supervisor Name
Start Date - Date Left	Position	Salary	Contact Supervisor
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Business	Reason for Leaving		

Describe your job title, responsibilities and accomplishments:

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Applicant Name: \_\_\_\_\_

### Personal References

Name / Phone / Relationship

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/	/
/	/
/	/

### Please Review and Sign

In making application for employment:

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.

I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

**Release:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and license history.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For Office Use Only</b>	<input type="checkbox"/> References Checked	<b>If hired</b>	Salary: Position:	FT / PT / Per Visit	Start Date:
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