

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons.

Applicant Information

Full Name: _____ Date: _____

Address: Last First MI _____

Street Address Apartment/Unit # _____

City State ZIP Code _____

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Soc Sec #: _____ Desired Salary: \$ _____

Position Applied for: _____ Are you at least 18 years old? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, provide dates: _____

If yes, explain: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references. Please do not include relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Years Known: _____

Employment History

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this employer for a reference? YES NO If NO, why not? _____

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this employer for a reference? YES NO If NO, why not? _____

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact this employer for a reference? YES NO If NO, why not? _____

Hobbies/Interests

Other Information

Driver's License Number: _____ State: _____

Skills and Qualifications: _____

If hired, are you able to meet the attendance requirements of the position? YES NO

How did you hear about this position?

How many hours are you available to work weekly? _____ Shift Desired: 1st 2nd 3rd

Are you available/able to work nights? Yes No Are you available/able to work weekends? Yes No

We are a 24hour, 7 day a week Health Care Facility. Please indicate the hours that you are available to work:

Please check all certification(s) you currently possess: CBRF CNA OTHER: _____

Why do you enjoy caregiving? _____

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. Initial Here : _____

I understand that any information provided by me that is found false, incomplete or misrepresented in any respect, will be sufficient cause to (i) further consideration of this application, or (ii) immediately discharge me from the employer's service, when it is discovered. Initial Here : _____

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. Initial Here : _____

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. Initial Here : _____

I understand that this application remains current for **only 30 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. Initial Here : _____

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. Initial Here : _____

I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President/CEO or Designee. Initial Here : _____

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. Initial Here : _____

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:
