

Employment Application

Date of Application _____

Position Applied For: _____

Starting salary desired: _____

Name: _____
Last First Middle Social Security No.

Address: _____
Street City State Zip

How long at present address? _____
Telephone Number: Home _____ Business _____ Cell _____
Name, address and phone number of next of kin _____

Have you ever been employed by this company before?.....Yes No
If yes, give position & dates: _____ from _____ to _____

Do you have a relative(s) currently employed here? Yes No If yes, name: _____

Have you used another name? If yes, please indicate _____ Yes No

Are you at least 18 years old?.....Yes No

Are you legally eligible for employment in this country?.....Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available to work..... / /

Shift Preference: 1st _____ 2nd _____ 3rd _____
Type of employment desired: _____ Full Time _____ Part-time _____ Temporary

If your working hours are restricted, please specify hours available for work _____

Will you work overtime if required?.....Yes No

If required by the employer, will you undergo a physical which could include a drug test,
after a conditional offer of hire have been made?.....Yes No

Have you ever been convicted of a felony?.....Yes No
If yes, please explain: _____

EMPLOYMENT HISTORY

List your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain gaps in employment in comments section below.

Employer	Address	Telephone		
Job Title	Job Description			
Immediate Supervisor and Title	Reason for leaving			
Employment Dates	From	To	Starting Salary	Final Salary
May we contact your references?	Yes _____	No _____	Later _____	

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ADDITIONAL BACKGROUND

List schools attended.

High School	Dates Attended	Degree/Diploma	
College	Dates Attended	Degree/Diploma	Major/Minor
License/Certification Number _____		State of issue _____	

REFERENCES

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

List special accomplishments, publications, awards. (Exclude information which would reveal sex, religion, national origin, age ancestry, disability or other protected status.)

List any additional information you would like us to consider, including skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

Have you ever received any type of discipline, either oral or written, for violation of a prior employer's safety rules? _____ Yes _____ No

If "Yes", please explain: _____

Do you now, or have you ever held certification as a CNA, LPN, RN or any related medical field. _____ Yes _____ No. If yes, what type of certification and what state _____

Have you ever been discharged from a job or forced or asked to resign? _____ Yes _____ No

Have you ever received any type of discipline, either oral or written, for violation of any prior employer's policies or procedures? _____ Yes _____ No

If "Yes", please explain: _____

EMPLOYEE RELEASE AND PRIVACY STATEMENT

I understand that the Company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become employed. Therefore, I authorize the Company to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above mentioned investigations will be sufficient grounds for immediate discharge, if I am employed.

I agree that the Company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their functions, where the Company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I hereby release the Company from any liability and agree to hold harmless any employee of the Company who furnishes such information.

I understand that after a conditional offer of employment; regular employment could be subject to satisfactorily passing a physical examination, including a drug test, by a physician designated by the Company.

If I am employed and at any time suffer personal injuries for which I shall make a claim, I hereby agree to submit myself to examination by any doctor or doctors selected by the Company and as often as deemed necessary and requested. Any failure on my part to comply with this request shall result in my claim being considered waived and any legal action abated. I further agree that in case of injury, where insurance is carried under an employer's compensation law. To waive all actions for damages and accept said insurance.

I understand that employment is "at will". Employment is not for a fixed time and may be discontinued, with or without notice or cause, by myself or the Company. I understand that no employee, officer, representative or publication may obligate the Company to anything contrary to the above.

Date: _____ Applicant's Signature: _____

This application must be completed in full for consideration. It will be kept active for a period of 90 days, after which you must resubmit it in order to continue to be considered for employment. Please attach additional information you wish to present to the Company.

It is our policy to provide employment, training, compensation, promotion and other conditions of employment based on qualification, without regard to race, religion, national origin, sex, age, veteran status or disability. We are an Equal Opportunity Employer.