

**EMPLOYMENT APPLICATION**

We provide equal opportunity to all employees and applicants without regard to any basis protected by law. Please notify us if you require any special arrangements during the interview process.

**PLEASE PRINT**

FOR OFFICE USE ONLY			
Facility/Division			
Department			
Job Title			
Salary	Hr.	Mo.	Yr.
Starting Date			

GENERAL INFORMATION				
Last Name	First Name	Middle Initial	Social Security Number - -	Date of Application / /
Current Address		City	State	Zip Code
Home Telephone	Business Telephone	Cellular Telephone		
Position Applied For	Are you seeking <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> PRN (Relief Duty)		Shift Availability (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Salary/Wage Expected	Date Available / /	How were you referred to us?		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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 document form upon hire.				
Are you legally able to work for any employer in the United States under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you even been convicted of or plead guilty to a felony? (A conviction record will not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:				
Have you ever been found guilty by a court of law of abusing, neglecting, mistreating, or misappropriating the property of an individual in a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:				
Are you or have you ever been excluded from participation in the federal health care programs (for example, Medicare and Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and period of exclusion:				
Registry, certification, or professional license number(s):				
Number	state	number	state	number state
Have you ever had your professional license or certification suspended, revoked, or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:				

RECORD OF EDUCATION				
School Name	City/State	Graduated	Circle Last Year Completed	Type of Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Post Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Technical/Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	

**EMPLOYMENT HISTORY**

Starting with current or most recent employer, list all previous employers in the last ten years, including self-employment, summer and part-time jobs, and military service. Use a separate sheet, if necessary.

From		To		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
Salary/Wage				Address	City	State	Zip Code
\$							
Describe your duties							
Reason for leaving							
Eligible for rehire? Yes or No							

From		To		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
Salary/Wage				Address	City	State	Zip Code
\$							
Describe your duties							
Reason for leaving							
Eligible for rehire? Yes or No							

From		To		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
Salary/Wage				Address	City	State	Zip Code
\$							
Describe your duties							
Reason for leaving							
Eligible for rehire? Yes or No							

From		To		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
Salary/Wage				Address	City	State	Zip Code
\$							
Describe your duties							
Reason for leaving							
Eligible for rehire? Yes or No							

From		To		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
Salary/Wage				Address	City	State	Zip Code
\$							
Describe your duties							
Reason for leaving							
Eligible for rehire? Yes or No							

<b>SKILLS AND AFFILIATIONS</b>							
Describe any previous work history or particular job responsibilities listed in your Employment History that you believe are important or should be considered. Include any additional information about your qualifications or experience you feel may be relevant to the job for which you are applying.							
_____							
_____							
_____							
List any professional affiliations or accreditations that have a direct bearing upon your qualifications for the job for which you are applying.							
_____							
_____							
_____							

<b>PERSONAL REFERENCES</b>							
Please list three personal references, other than family members (name, address and telephone number)							
1. _____							
2. _____							
3. _____							

**ACKNOWLEDGMENT**

**PLEASE READ BEFORE SIGNING**

I certify that the answers I gave in this application and in any interviews are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application and authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the required standards for employment, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

I understand that this application is not a contract of employment. I understand that if I give false or misleading information on my application or in any part of the employment process, I may be fired. I agree to follow the Company's rules and regulations. I understand that employment is at-will, meaning that either I or the company may terminate the employment relationship at any time for any reason not expressly prohibited by law. No one except a managing member of the company is authorized to change this at-will status, and any change must be done in writing and signed.

I understand that the Company may provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I consent to the release of this information.

I agree to inform the company if I obtain any other employment while working for the company, if I am hired here.

I acknowledge that I have read and understand these statements.

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

Date \_\_\_\_\_