APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WE RECRUIT, HIRE TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW

PLEASE PRINT ALL REQUESTED INFORMATION DATE:			
POSITION(S) APPLIED FOR	SALARY DESIRED		
ARE YOU APPLYING FOR ☐ FULL TIME OR ☐ PART TIME ☐ REGULAR	☐ TEMPORARY ☐ SUMMER EMPLOYMENT		
IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER	WEEK		
LAST NAME FIRST NAME MIDDLE	SOCIAL SECURITY NUMBER		
ADDRESS CITY STATE ZIPCODE	AREA CODE TELEPHONE NUMBER () DAY () EVENING		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING? YES NO	EMAIL:		
	ARE YOU 18 OR OLDER? YES NO		
HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATING IN THE MEDICARE OR MEDICAID PROGRAM? YES NO	HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO		
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES NO IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED ———————————————————————————————————	A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.		
HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? YES NO WHEN?	REHADILITATION.		
DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY? YES NO NAME(S)	HOW WERE YOU REFERRED? NEWSPAPER AD FRIENDS/RELATIVE		
HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE? YES NO	□ EMPLOYEE REFERRAL □ REHIRE □ CAREER DAY □ OTHER □ JOB FAIR		
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION? YES NO IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)	OTHER NAMES BY WHICH YOU ARE KNOWN:		
SHIFT PREFERENCE (CHECK ONE) DAY EVENING NIGHT IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK? YES NO DAY EVENING DAY NIGHT NIGHT	IF REQUIRED, WILL YOU WORK? YES NO SATURDAYS SUNDAYS HOLIDAYS ROTATING SHIFTS		
FOR OFFICE USE ONLY	EMPLOYEE NUMBER		
	APPLICATION NUMBER		

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLO	OYER		POSITION HELD	DATES FROM TO	HRS/WK
ADDRESS			NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE	TELEPHONE #
			SUPERVISOR	CONTACTED?	
				After offer of employment?	
CITY	STATE	ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES					
NAME OF EMPLO	OYER		POSITION HELD	DATES FROM TO	HRS/WK
				TROW TO	
ADDRESS			NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE	TELEPHONE #
				CONTACTED? ☐ Now	
				After offer of employment?	
CITY	STATE	ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES					
NAME OF EMPLO	OVER		POSITION HELD	DATES	HRS/WK
NAME OF EMPLO	OYER		POSITION HELD	DATES FROM TO	HRS/WK
NAME OF EMPLO	OYER		NAME AND TITLE OF	FROM TO WHEN MAY THIS	HRS/WK TELEPHONE #
	OYER			FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED?	
	DYER		NAME AND TITLE OF	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now	
	OYER STATE	ZIP	NAME AND TITLE OF	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED?	
ADDRESS		ZIP	NAME AND TITLE OF SUPERVISOR	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment?	TELEPHONE #
ADDRESS CITY DUTIES	STATE	ZIP	NAME AND TITLE OF SUPERVISOR REASON FOR LEAVING	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment? STARTING SALARY	TELEPHONE # ENDING SALARY
ADDRESS	STATE	ZIP	NAME AND TITLE OF SUPERVISOR	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment?	TELEPHONE #
ADDRESS CITY DUTIES	STATE	ZIP	NAME AND TITLE OF SUPERVISOR REASON FOR LEAVING POSITION HELD NAME AND TITLE OF	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment? STARTING SALARY DATES FROM TO WHEN MAY THIS	TELEPHONE # ENDING SALARY
ADDRESS CITY DUTIES NAME OF EMPLO	STATE	ZIP	NAME AND TITLE OF SUPERVISOR REASON FOR LEAVING POSITION HELD	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment? STARTING SALARY DATES FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now	TELEPHONE # ENDING SALARY HRS/WK
ADDRESS CITY DUTIES NAME OF EMPLO ADDRESS	STATE		NAME AND TITLE OF SUPERVISOR REASON FOR LEAVING POSITION HELD NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment? STARTING SALARY DATES FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment?	TELEPHONE # ENDING SALARY HRS/WK TELEPHONE #
ADDRESS CITY DUTIES NAME OF EMPLO	STATE	ZIP	NAME AND TITLE OF SUPERVISOR REASON FOR LEAVING POSITION HELD NAME AND TITLE OF	FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now After offer of employment? STARTING SALARY DATES FROM TO WHEN MAY THIS EMPLOYER BE CONTACTED? Now	TELEPHONE # ENDING SALARY HRS/WK

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

EDUCATION						
SCHOOL	NAME	& LOCATION OF SCHOOL	COURSE OF ST	UDY	CIRCLE LAST YEAR COMPLETED	DEGREES(S)
HIGH SCHOOL					1 2 3 4	
COLLEGE(S)					1 2 3 4 5 6 7 8	
AREA OF SPECIA	ALIZATION (OR MAJOR INTER	EST		TYPING – Approx	k WPM
					SHORTHAND – A	Approx WPM
EQUIPMENT <u>OPERATED</u>				WORD PROCESSING YES NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH?		
PROFESSION	AL LICEN	ISES AND/OR	CERTIFICATES			
ARE YOU:	CUR	RENTLY	REGISTERED	LI	CENSED	CERTIFIED
	ELIG	SIBLE	REGISTRATION	LI	CENSURE	☐ CERTIFICATION
IF LICENSED RE	GISTERED C	OR CERTIFIED:				
TYPE	NO:		STATE ISSUED	DATE	E ISSUED:	EXPIRATION
SINCE COMMUNOF FOREIGN LAND READ UNITED STATES If you obtained any	ICATION W. NGUAGES, F INCLU S MILITARY v experience o	PLEASE IDENTIFY DING SIGN LANG	THEIR FAMILIES AND PHOTOGRAPHICS TO THE LANGUAGES TO SUAGE: ming military service that re	HAT YO	OU SPEAK	, WRITE,
ADDITIONAL R				NE DEI	SEDENICES ADELL	CARED
		PERSONS IN ACA	ONE OR NO EMPLOYME DEMIC INSTITUTIONS, V OT FRIENDS OR RELATIV	VOLUN		
NAME		ADDRESS		TELEF	PHONE	RELATIONSHIP
organizations, addi would denote race,	additional info tional relevant sex, age, mar	ormation that you th t employment, and e	ink would be applicable: e.g explanation of any gaps in er , national origin, ancestry, re aw.	nploym	ent, Do not provide a	any information which

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

Date:	Signature:

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

DATE OF BIRTH	MAIDEN NAME
PERSON TO NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP
TEMBOT TO THOTH I IN CLIDE OF EMERGENCE	
ADDRESS CITY STATE	AREA CODE TELEPHONE NUMBER