

EMPLOYMENT APPLICATION

Date	COMPLETED BY OFFICE PRIOR TO GIVING TO APPLICANT PROVIDER NAME (FACILITY) & CODE		
<p>We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability, handicap, or veteran status. Please print all information requested except your signature. Incomplete applications will not be considered for any purpose. Applications over 30 days will not be considered.</p>			
Last Name		First Name	Middle Name
Social Security Number		Telephone Number	Email Address
		Cell Phone Number	
Street Address (Required)		Mailing Address	
City	State	Zip Code	How long have you resided at your current address?
Have you ever been employed by the provider? Yes No		Do you have family members currently employed with the provider? Yes No	
If you have been employed by the provider, when?		What was the reason for your termination of employment from the provider?	
<p>What position are you seeking with the provider? <u>Circle only one position</u>. Complete the blank as appropriate. Applications not specifying the position sought, or specifying more than one position, will not be considered.</p>			
Accountant		Consultant _____	Manager _____
Accounts Payable Clerk		Cook	Nurse Practitioner
Accounts Receivable Clerk		Dietician	Other _____
Activity Director		Director _____	Payroll Clerk
Administrative Assistant		Education Coordinator	Pharmacist
Administrator		Environmental Services Consultant	Pharmacy Technician
Admissions Coordinator		Financial Analyst	Physical Therapist
Admissions Specialist		Healthcare Services Representative	Regional Director
Assistant Administrator	Assistant Director of Nursing	Housekeeping Aide	Registered Nurse
Bookkeeper	Case Manager	Information Services Technician	Rehabilitation Coordinator
Case Mix Director	Certified Nurse Assistant	Laundry Aide	Risk Manager
Chaplain	Chaplain	Licensed Practical Nurse	Staff Development Coordinator
Collections Specialist	Collections Specialist	Maintenance Assistant	Vice-President _____
Describe your most significant accomplishment.			
Are you lawfully employable in the United States either by virtue of citizenship or by having authorization from the Bureau of Citizenship and Immigration Services and the United States Labor Department? Yes No		Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No	
		Are you over the age of eighteen? Yes No	

Do you require any reasonable accommodation to assist you in completing the application process?
 Yes No If yes, please describe the reasonable accommodation required.

Have you ever been convicted of a crime other than a minor traffic infraction? <p style="text-align: center;">Yes No</p> Please note a DUI is a criminal offense and a plea bargain or a plea of <i>nolo contendere</i> to any crime is considered a guilty disposition.	If you have been convicted of a crime, please tell when, where and the disposition of the case.
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Have you ever been discharged from employment or been asked to resign? Yes No
 If yes, please explain.

Have you ever been known by or worked by another name? Yes No
 If yes, please list your other names for employment reference checks.

Do you have personal responsibilities that will interfere with your ability to meet the job requirements, including regular and punctual attendance, if offered a job with the provider? Yes No
 If yes, please explain.

Please list your available hours. γ	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please note work schedules are based upon the needs of the provider.

What is the wage or salary you are expecting?	What wage or salary are you currently earning or did you most recently earn?
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If selected for hire, what date are you available to begin duties with the provider?	What is the name of your most recent employer?
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What is the address of your most recent employer?	What is the telephone number of your most recent employer?
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What were your job duties with your most recent employer?

What was the reason for the termination from your most recent employment?

Who was your supervisor with your most recent employer?

. Please list the following information for your two most recent employers prior to your last employer.

Employer: _____
 Position: _____
 Service: _____ Years _____ Months
 Salary/Wage: _____
 Year Employment Began: _____
 Reason for Termination: _____

 Supervisor: _____
 Telephone Number: _____

Employer: _____
 Position: _____
 Service: _____ Years _____ Months
 Salary/Wage: _____
 Year Employment Began: _____
 Reason for Termination: _____

 Supervisor: _____
 Telephone Number: _____

We contact past employers as part of our reference checking process. Is there anything you want to disclose prior to our contacting any prior employer? Yes No If yes, please explain.

Bilingual employees are valuable. List all languages you are able to speak, read and write fluently.

Do you have a high school diploma or equivalent? Yes No	What was your favorite high school subject?
Do you have a college or university degree? Yes No	What kind of college or university degree did you earn?
What college or university major did you study?	What college or university did you attend?
Do you have a graduate school degree? Yes No	What kind of graduate degree did you earn?
What graduate school did you attend?	How many academic years and credit hours was the graduate school degree program?
Do you have any professional certifications or licenses? Yes No If yes, please list. The information will be validated if there is an offer of employment.	
Do you have military education, training or experience? Yes No	In what branch of the Uniformed Services of the United States did you serve?
Were you honorably discharged from your military service? Yes No	What was your military rank at discharge?

List four professional references. The provider will not consider applicants that list personal friends or family as professional references for job openings. If you are unable to list professional references, please state why.

Name: _____
 Relationship: _____
 Time Known: _____ years _____ months
 Telephone Number: _____

Name: _____
 Relationship: _____
 Time Known: _____ years _____ months
 Telephone Number: _____

Name: _____
 Relationship: _____
 Time Known: _____ years _____ months
 Telephone Number: _____

Name: _____
 Relationship: _____
 Time Known: _____ years _____ months
 Telephone Number: _____

I hereby authorize the provider to investigate all information given in this application and specifically to obtain information concerning me from prior employers and from any person listed as a reference. I certify the information given on this application is correct. I understand any misrepresentation or omission of facts called for in this or any other provider document completed either prior to or during the employment relationship, will be cause for immediate dismissal without notice. I release the provider and all representatives, employees and agents thereof from any and all liability or damages in connection with efforts to verify or investigate such information. I release all third parties and all persons providing information to the provider in connection with this application for employment from any and all liability or damage on account of having obtained or furnished the same.

The provider may require job applicants to undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. Applicants who refuse to submit to the provider's substance abuse testing procedures will not be considered for employment. By signing this application form, the applicant hereby consents to the administration of any drug tests and hereby releases the provider from any and all liability and damage related thereto.

I understand and agree if the provider extends a conditional offer of employment, I will be required to undergo a physical examination, I understand a job offer can be rescinded if it is determined I cannot perform the essential functions of the job with or without reasonable accommodation, or that I pose a direct threat to the health or safety of others or myself in the workplace. This physical examination will be used only in a manner consistent with job relatedness and business necessity and consistent with all applicable laws. I further understand the provider will make reasonable efforts to accommodate a covered disability to the full extent of the law. I also understand all medical or disability related information supplied by or concerning me will be held in strict confidence by the provider, subject to certain disclosures permitted by applicable law.

I understand and agree if the provider extends a conditional offer of employment, investigative background inquiries will be conducted. The background inquires may include but are not limited to the following: previous employment verifications, education verifications, professional certification verifications, criminal background checks, Social Security Number trace reports, and OIG/GSA sanctioned searches. I understand a job offer can be rescinded or employment terminated based upon the results of the investigative background inquiries. I understand the provider or its authorized agent requests information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

If employed, I agree to comply with all the rules and regulations of the provider in effect now and any others that may be instituted at a later date.

I understand if employed, I will be employed on an at-will basis and my employment may be terminated for any reason or no reason at the option of the provider or myself. I understand no management representative or other person has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, or to enter into any oral contracts concerning my wages or any other term or condition of employment. I further understand no written policy statements, handbooks, memoranda or any other materials provided to me by the provider are intended to serve as written or implied contracts of employment.

Signature of Applicant _____

Date of Signature _____

COMPLETED BY PROVIDER'S HIRING SUPERVISOR OF THE APPLICANT

I have personally conducted professional certification verifications on this applicant prior to offering conditional employment Yes No

Signature of Supervisor _____ Date of Signature _____