

# Education:

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## Application for Employment

(Please Print)

Position(s) Applied For:	Date of Application:	
How Did You Learn About us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone Number(s)	Social Security Number:	Date of Birth:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes No

If yes, give date \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time Part Time Casual

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

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## Education:

	Name of School	Course of Study	Years Completed	Diploma degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Job-related Certifications: (check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Certified Nursing Assistant (CNA)     | <input type="checkbox"/> First Aid/ Choking        | <input type="checkbox"/> Fire Safety  |
| <input type="checkbox"/> Cardiac Pulmonary Resuscitation (CPR) | <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Basic Life Support (BLS)              | <input type="checkbox"/> Standard Precautions      | _____                                 |

Describe any specialized training, apprenticeships, skills, and extra-curricular activities.

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Are you familiar and able to use the following effectively: (check all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Microsoft word  | <input type="checkbox"/> Internet Explorer |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Fax Machine       |

## Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		
Address	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		
Address	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

## Additional Information:

### Other Qualifications

Summarize special job-related skills qualifications acquired from employment or other experience.

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State any additional information you feel may be helpful to us in considering your application.

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## References:

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|----|--------------------|---------------|
| 1. | _____ (____) _____ |               |
|    | _____ (Name)       | Phone # _____ |
| 2. | _____ (____) _____ |               |
|    | _____ (Name)       | Phone # _____ |
| 3. | _____ (____) _____ |               |
|    | _____ (Name)       | Phone # _____ |

# Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## For Personnel Department Use Only

Arrange Interview                      Yes                      No

Remarks:

Employed:                                      Yes                      No

Job Title: \_\_\_\_\_

Facility Employed: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date of Employment \_\_\_\_\_

Hourly Rate/ Salary \_\_\_\_\_

Name and Title

Date