

APPLICATION FOR EMPLOYMENT

Date: ____/____/____

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position Applied For: _____ RN _____ License No. _____

LPN _____ License No. _____ Other: _____

Name: _____ Social Security No. _____

Present Address _____ Phone: _____

How long have you lived at the above address? _____ Are you a Citizen? _____

Previous Address: _____ How long did you live there? _____

Date of Birth: _____ Sex: Male or Female? _____ Height: _____

Have you ever been employed here before? If so, give dates and positions _____

Is this application a request for reemployment following an extended military leave or absence from this company? Yes or No? _____

If yes, additional information may be requested.

Are you legally eligible for employment in this Country? Yes or No? _____

Date available for work ____/____/____ what is your desired salary range? \$ _____

Type of employment desired: Full-Time, Part- Time, Temporary, Seasonal, or Educational Co-Op? _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a late stage to extent permitted by law.

Yes or No? _____ Need more information about the jobs "essential functions" to respond? Yes or No? _____

Can you work **7-3** Yes or No? _____ Can you work **3-11** Yes or No? _____ Can you work **11-7** Yes or No? _____

List any friends or relatives working for us:

Name: _____ Relationship _____

Name: _____ Relationship _____

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date or the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes or No? _____

If yes, please provide date(s) and details: _____

Person to be notified in case of accident or emergency:

Name: _____ Phone: _____

Address: _____

RECORD OF EDUCATION

School _____ Name & Address _____ Course of Study _____ Years Attended _____

Elementary		
High School		
College		
Other		

Last year of schooling completed: _____ Did you graduate? College? _____
 High School? _____

List Diplomas or Degree _____

Are there any other experiences, skill, or qualifications which you feel would especially fit you for work with the Company? _____

State in your own words why you would like to work in this type of institution

Personal References

(Not former employers or relatives)

Name & Occupation

Address

Phone No.

List all present and past employment, beginning with your most recent:

Name & Address of Company and type of Business

Dates Employed

Starting –Ending wage

Reason for Leaving

Name & Address of Company and type of Business

Dates Employed

Starting –Ending wage

Reason for Leaving

Have you ever been bonded? _____ If yes, on what jobs? _____

May we contact the employers listed above? _____ If not, indicate which ones you do not wish us to contact? _____

MEDICAL QUESTIONNAIR- OPTIONAL

This medical questionnaire is designed to help us in placing you. It is optional in compliance to 504-V.R. Act.

Yes or No If you have had:

- ___ Arthritis
- ___ Asthma
- ___ Bone Infection
- ___ Bronchitis
- ___ Cancer
- ___ Dermatitis (Skin Trouble)
- ___ Epilepsy (Seizers, Fits)
- ___ Goiter (Thyroid Trouble)
- ___ Hay Fever
- ___ Hemorrhoids (Piles)
- ___ Hernia
- ___ Nervous Breakdown
- ___ Pleurisy
- ___ Pneumonia
- ___ Rheumatic Fever
- ___ Scarlet Fever
- ___ Tuberculosis
- ___ Veneral Disease

Yes or No If you have had:

- ___ Frequent Colds
- ___ Frequent Headaches
- ___ Earaches
- ___ Prolonged Cough
- ___ Blood Spitting
- ___ Shortness of Breath
- ___ Frequent Fainting
- ___ Chest Pains
- ___ Stomach Trouble
- ___ Kidney Trouble
- ___ Difficulty of Urination
- ___ Backache
- ___ Eye Trouble
- ___ Menstrual Difficulties

Have you relatives with:

- Tuberculosis? _____
- Diabetes? _____

List other illnesses and operations you have had with year of occurrence.

Illness	Operation	Date	Physician & Hospital
1.	_____	_____	_____
2.	_____	_____	_____

Have you ever made claim for injury or illness against insurance or an employer? Explain:

Have you been rejected for Military Service or insurance? Explain:

Will you have a chest x-ray if requested? Yes or No _____

Name of your Physician: _____ Location _____

If your application is considered favorably, on what date will you be available for work?

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. "FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN THE FORFEITURE OF WORKERS' COMPENSATION BENEFITS."

AUTHORIZATION: To Physicians and Practitioners, Hospital and other Institutions. In connection with an application for employment, I hereby authorize you by this form (or by photographic copy hereof) to give to _____

Any information you may have regarding the condition of my health when I was under observation or treatment by you.

Date

Signature of Applicant

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employee or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, If I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the facility's administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

This Company does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company like wise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. This company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient causes to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant: _____ Date: ____/____/____

Release Authorization

In conjunction with my conditional job offer for employment with you, I understand that a background investigation will be conducted that will request information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. Also, I understand that you will obtain information necessary to conduct a medical review which will include checking my Workers' Compensation history. I also understand you will obtain information from the nurses' or nursing assistants' registry, motor vehicle record, and criminal record.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, OR INSURANCE COMPANY CONTACTED BY YOU TO FURNISH THE ABOVE MENTIONED INFORMATION.

I further acknowledge that a telephonic fax or photographic copy shall be as valid as the original.

Today's Date _____ Signature _____

Incomplete or false information may result in your conditional job offer being withdrawn.

(Please Print)

Name (Last, First, Middle) _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security #: _____ Date of Birth _____

Drivers License #: _____ State: _____