

APPLICATION FOR EMPLOYMENT

Date: ____/____/____

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

Position Applied For: _____ RN _____ License No. _____

LPN _____ License No. _____ Other: _____

Name: _____ Social Security No. _____

Present Address _____ Phone No. _____

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: M F Height: _____ feet _____ inches

Have you ever been employed here before? Yes No If yes, give dates and positions _____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No
If yes, additional information may be requested.

Are you legally eligible for employment in this country? Yes No

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

Type of employment desired: Full-Time Part-Time Temporary Seasonal 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 later stage to the extent permitted by law. Yes No Need more information about the job's "essential functions" to respond.

Can you work 7-3 Yes No; 3-11 Yes No; 11-7 Yes No

List any friends or relatives working for us:

Name: _____ Relationship _____

Name: _____ Relationship _____

Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of 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 No

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

Person to be notified in case of accident or emergency: Name: _____

Address: _____ Phone _____

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RECORD OF EDUCATION

School	Name & Address	Course of Study	Years attended	To
			From	
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	Telephone No.

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

Name & Address of Company and type of business	From		To		Starting Salary	Last Salary
	Mo.	Yr.	Mo.	Yr.		

Reason for Leaving _____

Name & Address of Company and type of business	From		To		Starting Salary	Last Salary
	Mo.	Yr.	Mo.	Yr.		

Reason for Leaving _____ Name of Supervisor _____
 Please use additional sheet for other employment.

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? _____

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MEDICAL QUESTIONNAIRE — Optional

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

() Check if you have had:

- Arthritis
- Asthma
- Bone Infection
- Bronchitis
- Cancer
- Dermatitis (Skin trouble)
- Epilepsy (Seizures, fits)
- Goiter (Thyroid Trouble)
- Hay Fever
- Hemorrhoids (Piles)
- Hernia
- Nervous Breakdown
- Pleurisy
- Pneumonia
- Rheumatic Fever
- Scarlet Fever
- Tuberculosis
- Venereal Disease

Reply "yes" or "no" if you have:

- 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 No (circle your answer)

Name of your Physician: _____ Address _____

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

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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, employees 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 employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

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 identify and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question 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 likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The 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 cause 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 foregoing Applicant Statement.

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

FOR INTERVIEWER'S USE ONLY

INTERVIEWER	DATE	COMMENTS

REFERENCE CHECK

Date of Physical Examination: ____/____/____ Date Health Certificate Received: ____/____/____

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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 facsimile (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 Number _____ Date of Birth _____

Drivers License Number _____ State _____

SEARCHES REQUESTED

Workers' Compensation (List States) _____

MVR Driving Record (List States) _____

Criminal History (List city or county) _____

CNA/Nurses register (States) _____