



### Application for Employment

It is the facility's policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, or disability.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address  
City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Are You at Least 18 Years Old?  Yes  No

Position Applying for: \_\_\_\_\_  Full Time  Part Time Per Visit Shift:  Day  Night  
 Part Time  Pool  Evening  W/E

Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_ If you are not a US Citizen, have you the legal right to remain permanently in the US?  Yes  No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?  Yes  No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years?  Yes  No If Yes, please give date, place and nature of each such conviction. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other		From: To:		

List licenses you possess (professional and/or driver's licenses.) Indicate type of license, number and state:

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

In case of an emergency notify:

NAME: \_\_\_\_\_

**Work History**

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete Address: City/State/Zip	Phone Number	Supervisor's Name
Date Started _____ Date Left _____	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary _____	Reason for Leaving:	OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

Company Name	Complete Address: City/State/Zip	Phone Number	Supervisor's Name
Date Started _____ Date Left _____	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary _____	Reason for Leaving	OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

Company Name	Complete Address: City/State/Zip	Phone Number	Supervisor's Name
Date Started _____ Date Left _____	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary _____	Reason for Leaving	OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

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NAME: \_\_\_\_\_

THREE PERSONAL REFERENCES: (Name, Phone, Relationship)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employee, and that I am subject to immediate discharge without resource.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and license history.

Applicant  
Signature: \_\_\_\_\_  
(To be signed at Interview)

Date: \_\_\_\_\_

FOR OFFICE USE ONLY	<input type="checkbox"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired:	Position: Salary:	Start Date: FT/PT/Per Visit:
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Pre-Employment Interview: