



NAME / Last, First, Middle \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

# Employment Application

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An Equal Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal employment laws and regulations

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME	FIRST	MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.
HOME TELEPHONE NO.
CONTACT TELEPHONE NO.

ANY PREVIOUS NAME(S)? YES  NO  IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:

E-MAIL ADDRESS (optional)

POSITION APPLIED FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

BEST TIME TO CONTACT YOU: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS FACILITY?

ARE YOU APPLYING FOR:  
 FULL TIME  PART TIME   
 REGULAR  TEMPORARY

RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES  NO   
 NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

WOULD YOU CONSIDER WORKING:  
 WEEKENDS & HOLIDAYS YES  NO   
 ROTATING SHIFTS YES  NO   
 ON CALL YES  NO   
 ANY SHIFT YES  NO

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES  NO  WHEN? \_\_\_\_\_  
 ARE YOU 18 YRS OF AGE OR OLDER? YES  NO

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO

SHIFT PREFERENCE:  
 DAYS  EVENINGS  NIGHTS

LONG RANGE OCCUPATIONAL GOALS:

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? YES  NO   
 IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records.)

HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES  NO  IF YES, WHICH STATE(S), AND EXPLAIN:

HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES  NO  IF YES, EXPLAIN:

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)

AREA(S) OF SPECIALIZATION OR MAJOR INTEREST: \_\_\_\_\_ LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE: \_\_\_\_\_

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED: \_\_\_\_\_ WORD PROCESSING: (Approx. WPM) \_\_\_\_\_

**PROFESSIONAL LICENSES**

CURRENTLY LICENSED  ELIGIBLE FOR LICENSE  
 CURRENTLY REGISTERED  ELIGIBLE FOR REGISTRATION

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_  
 NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS**

CURRENTLY CERTIFIED  
 ELIGIBLE FOR CERTIFICATION

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENTLY LICENSED  ELIGIBLE FOR LICENSE  
 CURRENTLY REGISTERED  ELIGIBLE FOR REGISTRATION

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_  
 NO: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENTLY CERTIFIED  
 ELIGIBLE FOR CERTIFICATION

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EXPERIENCE

LANGUAGE REFERENCES

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED							
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

SIGNATURE

**LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES:**

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE ONLY

**TO BE COMPLETED AFTER EMPLOYED**      HIRED? YES  NO       SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE	REFERENCE #2	DATE	REFERENCE #3	DATE
PERSONNEL NOTES (these notes are open to inspection -- keep information factual)						
IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE?    YES <input type="checkbox"/> NO <input type="checkbox"/>				INTERVIEWER'S SIGNATURE		
STARTING DATE	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	COMPLETION OF EVALUATION PERIOD DATE		APPROVED BY		
DEPARTMENT	COST CENTER	SIGNATURE				
POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> ON CALL STATUS	<input type="checkbox"/> ROTATION			
STARTING SALARY/GRADE	DIFFERENTIAL	SHIFT	EMPLOYEE NUMBER			
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS	TELEPHONE		