# **Application for Employment**

## Please print

Date of application	Position applying for		
Name			
(Last)	(First)		ddle)
Address	Cit	y / State / ZIP	
Home telephone ()	Cell telepho	one ()	
Please provide all names that you have used the	ne past including maiden nam	es, married names and/or al	iases:
Are you at least 18 years of age? Yes Are you at least 16 years of age? Yes	No (If less than age	16, can you furnish a work	permit? Yes No)
Have you ever been employed here before? _	Yes No If yes	s, give date	
Are you employed now? Yes	_No May we contact your	present employer?	YesNo
Can you, if hired, submit verification of your 1 If hired, you will be required to submit docum Immigration Reform and Control Act of 1986 the time you are interviewed, you will be requ	ents sufficient to establish en and all applicable regulations	ployment authorization and	• •
On what date would you be available for work	d you be available for work? Expected salary: to work:Full TimePart TimeOccasional T W T F S What hours?7-33-1111-7Other		
Are you available to work: Full Time	Part Time 0	Occasional	
What days? S M T W T F S What hour	rs?7-33-11	11-7 Othe	r
Are you on a layoff and subject to recall?	YesNo		
Do you have a record of founded child or dependemeanor offense relating to motor vehicles and state? Yes No If so, explain:	nd laws of the road under chap	oter 321 or equivalent provi	
Are there currently any criminal charges pendi	ng involving you, or are you	under investigation for child	l or dependent adult abuse?
If so, explain:			
Have you ever been or are you currently exp program, including Medicare or Medicaid? If yes, explain:	YesNo cluding nursing, administra quished?YesN		
EDUCATION			
School Name Elementary	High School	College/University	Graduate/Professional
Years Completed 4 5 6 7 8 (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study:			

Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_\_

Educational honors; extra-curricular activities; professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment:

Special skills and qualifications, including those acquired from employment or other experience:

#### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer Telephone		Dates Employed		Work performed
	( )	From	То	
Address				
Job title		Hourly rate/Salary		
		Starting	Final	
Supervisor				
Reason for le	eaving		· ·	
Employer Telephone		Dates Employed		Work performed
	()	From	То	
Address				
Job title		Hourly rate/Salary		
		Starting	Final	
Supervisor				
Reason for le	eaving	-		

If additional space is needed, please continue on a separate sheet of paper or below.

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

## **APPLICANT'S STATEMENT**

### PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. <u>The facility is required by law to check for any criminal or abuse</u> record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill <u>all</u> aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Witness

## AN EQUAL OPPORTUNITY EMPLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.