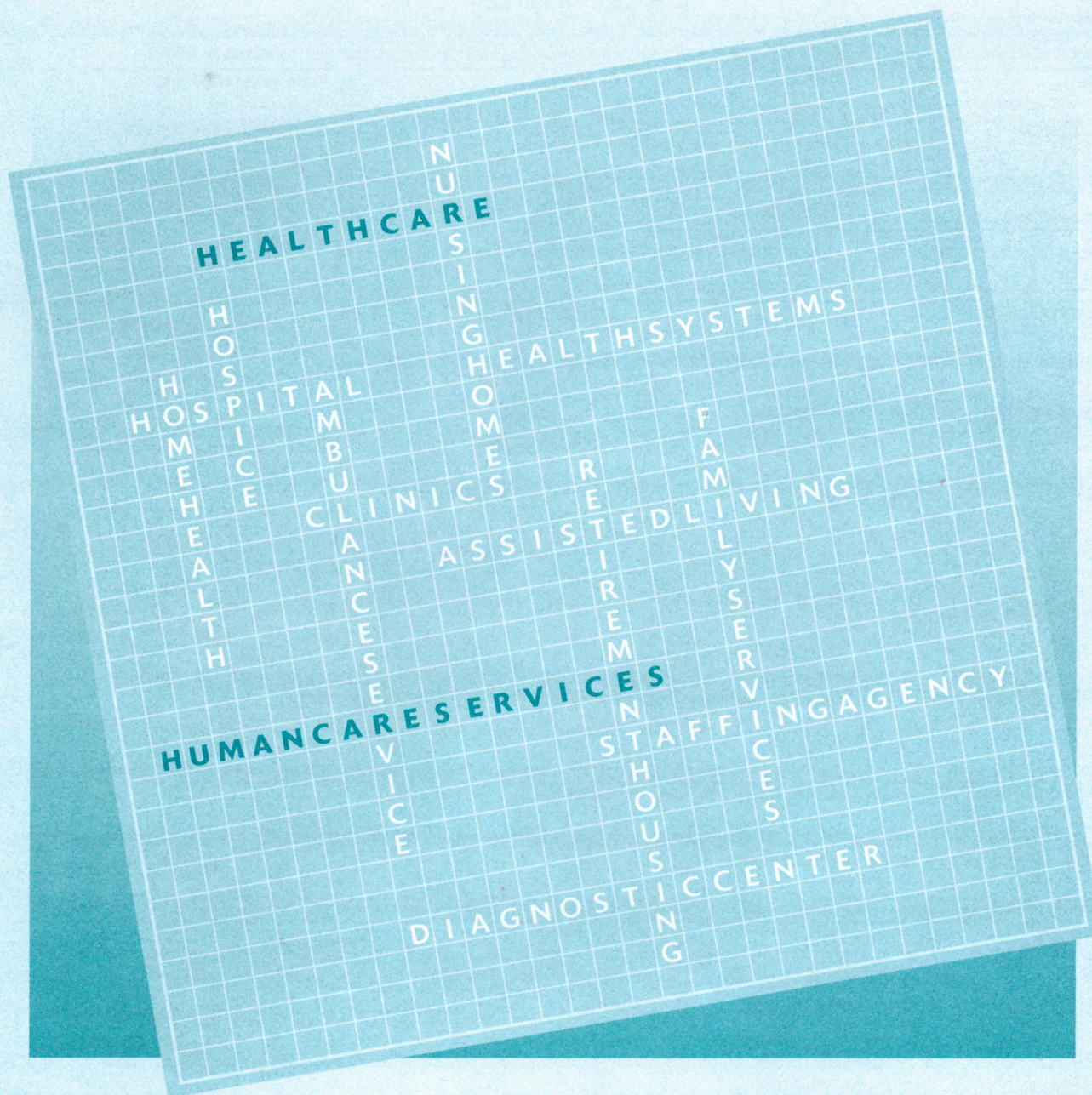


NAME / Last, First, Middle \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_



# ***Employment Application***

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.

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

HOME TELEPHONE NO.
CONTACT TELEPHONE NO.
E-MAIL ADDRESS (optional)

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

POSITION APPLIED FOR: SALARY DESIRED:

HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, IF OTHER – PLEASE LIST)

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

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

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

LONG RANGE OCCUPATIONAL GOALS:

BEST TIME TO CONTACT YOU: DATE AVAILABLE FOR WORK:

CHECK ALL YOU WOULD CONSIDER WORKING:  
FULL TIME / REGULAR ☐  
FULL TIME / TEMPORARY ☐  
PART TIME / REGULAR ☐  
PART TIME / TEMPORARY ☐

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

SHIFT AVAILABILITY (check all that apply):  
DAYS ☐ EVENINGS ☐ NIGHTS ☐

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? 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.

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<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		PROFESSIONAL CERTIFICATIONS	
<input type="checkbox"/> CURRENTLY LICENSED <input type="checkbox"/> CURRENTLY REGISTERED TYPE: NO: STATE: DATE:	<input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> ELIGIBLE FOR REGISTRATION STATE: DATE:	<input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:	<input type="checkbox"/> CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION TYPE: STATE: DATE:
LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:		LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:	

PREVIOUS EXPERIENCE

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 <input type="checkbox"/> NO <input type="checkbox"/>				

	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:

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

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

LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:			
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 \_\_\_\_\_

HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SEE COMMENTS BELOW	
REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE	REFERENCE #2
			DATE
PERSONNEL NOTES (Please keep all 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	APPROVED BY
DEPARTMENT	COST CENTER	DATE	
POSITION/JOB SITE		SIGNATURE	
STARTING SALARY/GRADE	DIFFERENTIAL	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION
		SHIFT	EMPLOYEE NUMBER
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS
			TELEPHONE