

APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veteran's employment. We are an equal opportunity employer.

PERSONAL INFORMATION

Name: _____ Phone: _____
First Middle Last (including area code)

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Email: _____ Social Security: _____ - _____ - _____

IN CASE OF EMERGENCY, NOTIFY: _____
Name Phone

US MILITARY OR NAVAL SERVICE: _____ RANK: _____ Present membership in Natl. Guard or Reserves: Yes _____ No _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____
If yes, complete disclosure of criminal conviction information form.

EMPLOYMENT DESIRED

POSITION: RN _____ LPN _____ HOME HEALTH AIDE _____ HOMEMAKER _____ STAFFING _____
CLERICAL _____ PERSONAL CARE ATTENDANT _____ OTHER _____

Do you have current license for this position? Yes _____ No _____ Current Certification? Yes _____ No _____

Has your License Certification ever been revoked or disciplined? Yes _____ No _____

Have you passed competency testing? Yes _____ No _____ Do you have a certificate? Yes _____ No _____

Do you have a current driver's license? Yes _____ No _____

Are you currently employed? Yes _____ No _____ If so, may we contact your present employer? Yes _____ No _____

Have you ever worked here before? Yes _____ No _____ Reason for leaving: _____

Are you eligible for rehire? Yes _____ No _____

Have you ever applied to this company before Yes _____ No _____ When: _____

| Education | Name & Location | Years Attended | Date Graduated | Degree/Certification |
|---------------------|-----------------|----------------|----------------|----------------------|
| High School | | | | |
| College | | | | |
| Additional Training | | | | |

Former Employers:

(List below last four employers, starting with most recent first)

| Date Month & Year | Name & Address of Employer | Supervisors Name | Salary | Position | Reason for Leaving |
|-------------------|----------------------------|------------------|--------|----------|--------------------|
| From: To: | | | | | |
| From: To: | | | | | |
| From: To: | | | | | |
| From: To: | | | | | |

References:

(List below the names of three work related references)

| Name | Address | Company/Position | Phone |
|------|---------|------------------|-------|
| | | | |
| | | | |
| | | | |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause of dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby agree that, as a condition of employment by the agency, I will promptly inform the agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses of which I am convicted after today.

Signature: _____

Date: _____