

Today's Date: _____
Your Name: _____
(Last Name) (First Name)

EMPLOYMENT APPLICATION

For Employer Use Only

Date of Hire: _____

Status: FT PT PT/PRN PRN

Discipline: RN LPN CNA Chaplin MSW Other _____

Date Benefits Explained: _____

~~Insurance Initial Employment Period: 30 days 90 days 180 days~~

We are equal opportunity/affirmative action employers. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Personal *Please Print*

Position(s) Applied for			Date of Application	
First Name	Initial	Last Name	Home Telephone #	
Address			Business or Message #	
City	State	Zip	When can you begin work?	
Person to Notify in Case of Emergency Name		Address	Phone	Relationship
Are you over 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you legally work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify days and hours willing to work: _____				
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____	
Number of days absent from work in the last year due to illness: _____				
Type of employment you are seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Nursing School				
College/ University				
Other (Specify)				

Licenses & Special Skills

List the Number and Expiration date of any Professional or Occupational License you hold:

Please give the issuing State and Number of your current Driver's License:

How far are you willing to travel?

Do you have auto insurance? Yes No

Have you ever been convicted of a crime (Felony or Misdemeanor, DUI) other than routine traffic citation? Yes No
 Type of offense: _____ Date & Place of Conviction: _____

Employment (Last Employer First)

1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number ()			

	Job Title	Hourly Rate/Salary		
	Supervisor	<i>Starting</i>	<i>Final</i>	
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
	Address	<i>From</i>	<i>To</i>	
	Telephone Number ()			
	Job Title	Hourly Rate/Salary		
	Supervisor	<i>Starting</i>	<i>Final</i>	
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
	Address	<i>From</i>	<i>To</i>	
	Telephone Number ()			
	Job Title	Hourly Rate/Salary		
	Supervisor	<i>Starting</i>	<i>Final</i>	
	Reason for Leaving			

May we communicate with your past Employer's? Yes No

May we communicate with your current employer? Yes No

Personal References (List personal other than relatives or employer's)

1	Name	Address	Phone
2	Name	Address	Phone
3	Name	Address	Phone

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application (Pages 1 and 2) and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and accurately.

Signature Date

Date