



It is this agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, sex, marital status, national origin, or disability.

Applicant Name: _____ Date of Birth: _____

Present Address City/State/Zip: _____

Email: _____ Home Phone: _____ Mobile Phone: _____

Social Security Number: _____ Are You at Least 18 Years Old? Yes No

Position Applying For: _____ Full Time Part Time Pool

Shift: Day Evening Night W/E Part Time Per Visit

Salary Requirements: _____ Date Available: _____

If you are NOT a US Citizen, have you the legal right to remain permanently in the US? Yes No N/A

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No

If Yes, please give date, place and nature of each such conviction: _____

Are you presently charged with any violation of the law other than traffic violation? Yes No

If Yes, give date, place and nature of each such conviction: _____

Educational History

Table with 5 columns: Type of School, Name & Location of School, Years Attended, Graduated, Degree. Rows include High School, College, and Other.

List professional licenses you possess. Indicate type of license, number and state:

List any memberships in professional organizations; honors or activities, which you feel, would enhance your application, excluding those that would indicate age, race, color, religion, military status, sex, marital status, national origin, or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

Emergency contact table with columns for In case of an emergency notify, Out of state contact (if possible), Telephone, and Relationship.

FOR OFFICE USE ONLY section containing checkboxes for References Checked, Interview, Background Check, and If Hired status with fields for Position, Salary, Start Date, and Termination Date.



Applicant Name: _____

Work History

(Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient)

Company Name:	Complete Address (Including City/State/Zip)	Phone Number:	Supervisor's Name: Number:
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Date Started:	Type of Business Salary	Reason For Leaving:	OK to Contact Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Left:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		

Describe your job title, responsibilities and accomplishments:

Company Name:	Complete Address (Including City/State/Zip)	Phone Number:	Supervisor's Name: Number:
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Date Started:	Type of Business Salary	Reason For Leaving:	OK to Contact Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Date Left:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		

Describe your job title, responsibilities and accomplishments:



Applicant Name: _____

NON- Family Personal References-At least 2: (Name /Phone / Relationship):
1.
2.
<i>Note: Use the two individuals above for "Reference Request" form on next page.</i>

Please review the following and sign

In making application for employment:

✓ I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the agency or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

✓ I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

✓ I understand and agree that if I am offered employment by the agency, my employment will be for no definite term and that either I, or the facility agency will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the agency.

✓ I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY	Copies Made of Following: <input type="checkbox"/> Birth Certificate OR Worker's ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Driver's Insurance <input type="checkbox"/> Photo taken for ID badge	Comments/ Notes:
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