

EMPLOYMENT APPLICATION

Facility: _____ Address: _____
 Phone: _____ Fax: _____

Name _____ Date _____

Social Security # _____ Address _____

Telephone (____) _____ Are you legally eligible for employment in the U.S.A.? Yes No

Email address: _____ Date of Birth _____

C.N.A. license # (if applicable) _____ Driver's License # _____

Circle Preferences: Full-Time or Part-time Days or Nights Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

Are you able to work overtime, holidays, weekends? Yes No Date Available _____

Were you previously employed by this facility? Yes No If yes, when? _____

Are you a smoker? Yes No

EDUCATION

| Type of School | Name & Address of School | Course of Study | Did you Graduate? | Last Year Completed | Diploma or Degree |
|-----------------|--------------------------|-----------------|-------------------|---------------------|-------------------|
| High School | | | Y N | | |
| College | | | Y N | | |
| | | | Y N | | |
| | | | Y N | | |
| Other (Specify) | | | | | |

PERSONAL REFERENCES (Not Former Employers or Relatives)

| Name | Address | Phone Number |
|------|---------|--------------|
| 1. | | |
| 2. | | |

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:

| | | | | | | | | | |
|----|---|-------------|----|-----------|----|-------------------------------|----------------|-----------------------|-----------------------|
| I. | Name & Address of Company Type of Business | <u>From</u> | | <u>To</u> | | Describe the work you did. | Last Salary | Reason for Leaving | Name of Supervisor |
| | | Mo | Yr | Mo | Yr | | | | |
| | | | | | | | | | |
| | Phone # | | | | | | | | |

| | | | | | | | | | |
|-----|---|-------------|----|-----------|----|-------------------------------|----------------|-----------------------|-----------------------|
| II. | Name & Address of Company Type of Business | <u>From</u> | | <u>To</u> | | Describe the work you did. | Last Salary | Reason for Leaving | Name of Supervisor |
| | | Mo | Yr | Mo | Yr | | | | |
| | | | | | | | | | |
| | Phone # | | | | | | | | |

| | | | | | | | | | |
|------|---|-------------|----|-----------|----|-------------------------------|----------------|-----------------------|-----------------------|
| III. | Name & Address of Company Type of Business | <u>From</u> | | <u>To</u> | | Describe the work you did. | Last Salary | Reason for Leaving | Name of Supervisor |
| | | Mo | Yr | Mo | Yr | | | | |
| | | | | | | | | | |
| | Phone # | | | | | | | | |

| | | | | | | | | | |
|-----|---|-------------|----|-----------|----|-------------------------------|----------------|-----------------------|-----------------------|
| IV. | Name & Address of Company Type of Business | <u>From</u> | | <u>To</u> | | Describe the work you did. | Last Salary | Reason for Leaving | Name of Supervisor |
| | | Mo | Yr | Mo | Yr | | | | |
| | | | | | | | | | |
| | Phone # | | | | | | | | |

PLEASE READ AND SIGN BELOW

This is a **non-smoking facility** and **I understand I may not smoke anywhere on the grounds or in the building**. Not adhering to this policy will result in immediate termination. I agree to follow this policy. The facts set forth in my application are true and complete. I understand that if employed, false statements on this application will be sufficient cause for dismissal.

Date _____ Signature of Applicant _____

APPLICANT - DO NOT WRITE BELOW

Interviewer Comments: _____ Date _____ Interviewer _____

Reference Check Results:

Person Spoken with: _____ Phone # _____ Comments _____

Person Spoken with: _____ Phone # _____ Comments _____

Person Spoken with: _____ Phone # _____ Comments _____