

Application for Employment

An Equal Opportunity Employer.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability, or any other characteristic protected by applicable federal, state, or local law.



Position applied for: _____

Date: _____

General Information

Name:

Last

First

Middle

Address:

Street

City

State

Zip

email

Phone number:

home

cell

other

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?

Yes No

Can you provide proof of eligibility to work in the United States?

Yes No

Section 1 of from I-9 must be completed no later than the first day of employment. "First day of Employment" refers to the first day of work in exchange for pay or other remuneration. Visit uscis.gov for details.

Have you previously been employed with us?

Yes No

If Yes, from: _____ to: _____

If yes, what position(s) did you hold?

Do any of your friends or relatives work here?

Yes No

If yes, please give their full name(s): _____

Language Skills - Indicate languages you speak and level of proficiency:

_____ Intermediate Fluent _____ Intermediate Fluent
_____ Intermediate Fluent _____ Intermediate Fluent

Availability

Any specific requests about availability? _____

Are you looking for:

- Full-Time
- Part-Time
- Temporary
- Per diem/Casual

Would you prefer:

- Days
- Nights
- Weekends
- Rotating

Hours Available:

	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total hours per week desired: _____

Date available for work: _____

Requested salary: \$ _____ per _____

Education

High School Name:		City	State
Did you graduate, or receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, highest grade completed?	Course of study/Vo-Tech:	
College Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	
Other School Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	

License/Certification Information

License/Certification	Certifying Body	License Number (if applicable)	Expiration Date
<input type="checkbox"/> RN / PHRN	_____	_____	_____
<input type="checkbox"/> LPN	_____	_____	_____
<input type="checkbox"/> CNA / STNA	_____	_____	_____
<input type="checkbox"/> CPR	_____	_____	_____
<input type="checkbox"/> COTA	_____	_____	_____
<input type="checkbox"/> PTA	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Has your professional license and/or certification ever been suspended or revoked?

Yes No

If yes, please explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?

Yes No

If yes, please explain: _____

Office/Technical Skills - For office or communications applicants only.

Keyboard: _____ WPM 10 Key _____ KPH

Access Excel PowerPoint Word

Other software: _____

Employment Experience

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, any disability or other protected status.

This section must be completed in full, even if attaching a resume.

1. Previous Employer:		Dates Employed	
		From	To
Job Title	Supervisor's Name and Title		
Address	City	State	Phone
Duties			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, briefly explain:	
Please explain any gaps in employment following this employment			

2. Previous Employer:		Dates Employed	
		From	To
Job Title	Supervisor's Name and Title		
Address	City	State	Phone
Duties			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, briefly explain:	
Please explain any gaps in employment following this employment			

3. Previous Employer:		Dates Employed	
		From	To
Job Title	Supervisor's Name and Title		
Address	City	State	Phone
Duties			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, briefly explain:	
Please explain any gaps in employment following this employment			

Other training

Describe any specialized training, apprenticeships, job-related skills, or relevant extra-curricular activities. Include training received in the US military.

References

Please provide three persons, not related to you, whom you have known at least one year. Please indicate individuals who can speak to your work performance.

1. Name	Telephone #	Years Acquainted
Email address	Relationship	
2. Name	Telephone #	Years Acquainted
Email address	Relationship	
3. Name	Telephone #	Years Acquainted
Email address	Relationship	

Agreement to Terms

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

- Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if EMPLOYER, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.
- Employment at Will:** If hired by EMPLOYER, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to EMPLOYER; I agree that EMPLOYER also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.
- Limitation on Claims:** I agree that any lawsuit against EMPLOYER and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
- Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
- Need For Accommodation:** If I, due to a physical or mental disability, require an accommodation to perform the essential functions of the job for which I may be selected, I understand and agree that I will give EMPLOYER written notice of that need immediately after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that EMPLOYER has not accommodated me as required by law.
- Drug Testing:** I agree to provide EMPLOYER with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
- Physical Exam and Release of Medical Information:** I understand that I may be subject to a physical exam.
- Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any EMPLOYER property I may be using, and any of my own property I bring onto EMPLOYER's premises, may be inspected by EMPLOYER at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against EMPLOYER (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by EMPLOYER, I will not disclose to anyone or use for my own purposes, any of EMPLOYER's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to EMPLOYER all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.
- Consideration for Employment:** I agree to the above terms of employment if I am employed by EMPLOYER. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of EMPLOYER, and that no person in EMPLOYER has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of EMPLOYER are subject to exception or change at any time as decided by EMPLOYER in its sole discretion.

I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

If this application was completed in conjunction with an online Application for Employment, I acknowledge that my electronic signature is as valid as a traditional signature in accordance with the Fair Credit Reporting Act (FCRA), the Electronic Signatures in Global and National Commerce Act (ESIGN), and FTC guidelines.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Signature of Applicant _____ Date _____

Digital Signature hash for verification: