

# Employment Application

NAME \_\_\_\_\_  
POSITION DESIRED \_\_\_\_\_  
ALTERNATE POSITION DESIRED \_\_\_\_\_  
DATE \_\_\_\_\_

We do not discriminate against persons in our employment practices because of race, color, sex, religion, age, national origin, or disability. We support all federal and state legislation regarding the absence of discrimination.



Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 First Middle Last Area Number

Present Address \_\_\_\_\_  
 Street City State Zip

List any other name(s) by which you have been known by previous employer(s) or educational institution(s): \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you 18 or over? Yes \_\_\_\_\_ No \_\_\_\_\_

For applicants applying Do you have a \_\_\_\_\_ Yes License Number \_\_\_\_\_  
 for a position which valid driver's \_\_\_\_\_  
 involves driving license? \_\_\_\_\_ No In what state? \_\_\_\_\_

Do you have proof of Auto Insurance Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been excluded from providing patient care to those receiving Medicare or other federally funded healthcare programs?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime in this state or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, please explain \_\_\_\_\_

**JOB INTERESTS**

Position desired \_\_\_\_\_ Date available \_\_\_\_\_

Alternate choice \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Contingent \_\_\_\_\_ Temp \_\_\_\_\_

If part-time, how many hours per week? \_\_\_\_\_ Summer \_\_\_\_\_

Please circle the days you are willing to work S M T W T F S

What shifts can you work? Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Holidays \_\_\_\_\_

What is your expected starting salary? \_\_\_\_\_

Have you ever been employed by this organization before? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, when? \_\_\_\_\_

List the name and relationship of any relative currently employed by this organization \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_ Employment Agency \_\_\_\_\_ Job Posting \_\_\_\_\_ Job Fair \_\_\_\_\_ Friend \_\_\_\_\_  
 \_\_\_\_\_ Employee Referral \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_  
(Please List Employee) Advertisement (Please list publication) \_\_\_\_\_

Can you, if hired, submit verification of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986.

**EDUCATIONAL RECORD**

School	Name and Address Of School	Course of Study	(Optional) Years Attended From To	Circle Last Year Completed	Did You Graduate?	Degree/ Diploma
Post High School (i.e. College, School of Nursing, Vocational, Technical School, Graduate level)				1 2 3 4	____ Yes ____ No	
				1 2 3 4	____ Yes ____ No	
				1 2 3 4	____ Yes ____ No	
				1 2 3 4	____ Yes ____ No	
High School				9 10 11 12	____ Yes ____ No	

Academic honors or special recognition \_\_\_\_\_

Have you ever served as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain where and when you volunteered, what skills you used and what jobs you performed \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Present or most recent Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER (   )   .	
			Street			
			City                      State			
	YOUR POSITION		LAST SUPERVISOR	STARTING SALARY	FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED					
	From _____ Mo.   Yr.					
	To _____ Mo.   Yr.					
REASON FOR LEAVING						
MAY WE CONTACT THIS EMPLOYER?    _____ Yes    _____ No						
2. Next Previous Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER (   )   -	
			Street			
			City                      State			
	YOUR POSITION		LAST SUPERVISOR	STARTING SALARY	FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED					
	From _____ Mo.   Yr.					
	To _____ Mo.   Yr.					
REASON FOR LEAVING						
MAY WE CONTACT THIS EMPLOYER?    _____ Yes    _____ No						
3. Next Previous Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER (   )   -	
			Street			
			City                      State			
	YOUR POSITION		LAST SUPERVISOR	STARTING SALARY	FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED					
	From _____ Mo.   Yr.					
	To _____ Mo.   Yr.					
REASON FOR LEAVING						
MAY WE CONTACT THIS EMPLOYER?    _____ Yes    _____ No						
4. Next Previous Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER (   )   -	
			Street			
			City                      State			
	YOUR POSITION		LAST SUPERVISOR	STARTING SALARY	FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED					
	From _____ Mo.   Yr.					
	To _____ Mo.   Yr.					
REASON FOR LEAVING						
MAY WE CONTACT THIS EMPLOYER?    _____ Yes    _____ No						

**ADDITIONAL INFORMATION**

If applicable, list all professional licensure information:

Profession \_\_\_\_\_ State Issued \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Profession \_\_\_\_\_ State Issued \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If applicable, list all professional registration/certification information:

Organization/Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Organization/Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If applicable, please list any other professional credentials that you feel would relate to the position(s) for which you are applying

(i.e. ACLS, BCLS, CPR): \_\_\_\_\_

Please list any technical skills or knowledge you possess which are related to the position(s) for which you are applying (i.e., equipment, software, medical terminology): \_\_\_\_\_

If applicable, present level of typing \_\_\_\_\_ w.p.m.

Please state any additional information you believe would be important in considering your application. \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Give Name(s) of person(s) we may contact to verify your qualifications for the position		
Name	Occupation	Organization
Relationship	Telephone Number	Address
Name	Occupation	Organization
Relationship	Telephone Number	Address
Name	Occupation	Organization
Relationship	Telephone Number	Address

**PLEASE READ AND SIGN**

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization's review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information. I understand that any offers of employment are contingent on successful completion of the post-offer exam and background checks.

I understand employment at this organization is "at will," which means employment may be terminated by the employee or by this organization at any time, with or without cause. I further understand employee benefits, terms and conditions of employment and the policies, procedures and work rules of the organization may be determined, changed and modified from time to time by this organization without limitation or agreement. I also understand any employment handbooks or manuals that may be distributed to me by this organization shall not be construed as a contract.

I hereby agree that if I become employed by this organization I consent to the release of all my future educational records involving classes, coursework, seminars and all other educational programs in which I am enrolled or attend and for which a portion or all of the enrollment fee or tuition will be paid by this organization.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

FOR COMPLETION BY MANAGEMENT STAFF MEMBER

Job Title \_\_\_\_\_  
Department \_\_\_\_\_  
Effective Start Date \_\_\_\_\_  
Pre-employment physical date \_\_\_\_\_  
General Orientation date \_\_\_\_\_  
Signature \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Temporary \_\_\_\_\_ Contingent \_\_\_\_\_ Temp. Service \_\_\_\_\_  
Work hours: \_\_\_\_\_  
Total Hours/pay period \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Pay Configuration:  
Exempt \_\_\_\_\_ Non-exempt \_\_\_\_\_  
Over-time 8/80 \_\_\_\_\_ 7/40 \_\_\_\_\_

Today's Date \_\_\_\_\_

Name on Name Badge should read as follows:

If applicable, additional position to be held by employee

Job Title \_\_\_\_\_  
Department \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Signature \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Temporary \_\_\_\_\_ Contingent \_\_\_\_\_  
Work hours: \_\_\_\_\_  
Total Hours/pay period \_\_\_\_\_  
Effective Date \_\_\_\_\_

Today's Date \_\_\_\_\_

FOR COMPLETION BY HUMAN RESOURCE STAFF

Criminal Background Check: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ IS contacted: Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent Adult Abuse Check: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Child Abuse Check: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Sexual Abuse Check: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

License Verification: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Office of Inspector General Check: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
(Medicare Fraud)

Employment Offer Made: \_\_\_\_\_ Date \_\_\_\_\_

Employment Offer Accepted: \_\_\_\_\_ Date \_\_\_\_\_