**Application For employment**

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| **THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT** but merely is intended to evaluate suitability for employment. **This Company is an Equal Opportunity Employer**. We are dedicated to a policy of non-discrimination in employment based on race, color, religion, sex, sexual orientation, age, nation origin, marital status, pregnancy, veteran status or because of a disability that does not prevent the individual from performing the essential functions of his or her job, with or without accommodation, as well as any other legally protected class status. This Company maintains a drug-free workplace and requires all applicants to whom a conditional offer of employment is extended to receive a negative result on a drug screen prior to commencing work as a condition of employment. A criminal records check in accordance with state requirements will be completed and requires all applicants to whom a conditional offer of employment is extended to truthfully disclose and pass the criminal records check as a condition of employment. Please inform us if you need a reasonable accommodation for accessibility in order to complete the application and selection process. ***WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.*** |

**Employment Desired:**

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| **Position Applied For:**  Position Requires Certification Position Requires Valid Drivers License | **Date of Application:**  |
| **Salary Requirements:**   | **Date Available:**   |
| **Personal Information:** |
| Last Name First Name Middle Name  |
| Street Address City State Zip Code  |
| Mailing Address City State Zip Code  |
| Telephone Number(s) | Email Address |
|   |   |  |  |

**Education:**

*Please list all education, specialized training, and experience which relates to the position applied for and would help you in the performance of your work in that position. Provide the name of the school, degrees obtained, areas of study, and training,*

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| --- | --- | --- | --- | --- |
| **School** | **Name and Location****of School** | **No. of Years Attended** | **Did You****Graduate?** | **Subjects Studied** **& Degree Received** |
| High School |   |   |  Yes No |   |
|  College |   |   |  Yes No |   |
|  Other (Specify) |   |   |  Yes No |   |

List other skills acquired or any additional educational background that is pertinent to your application (certifications, etc.)

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| RN, LPN, LVN or other professional license: | Type of License License # State Issued \_\_\_ Is your license in good standing? Yes  |

Are you currently employed? Yes No If so, may we inquire of your current employer? Yes No

If presently employed, why do you desire to change your position?

Are you 18 years of age or older? Yes No

For purposes of compliance with the Immigration Reform & Control Act of 1986:

 Are you legally eligible for employment in the United States? Yes No

 Do you now or will you in the future require employment-based visa sponsorship? Yes No

Will you work overtime when necessary? Yes No

Will you consider: Temporary Yes No Day Shift Yes No

 Part Time Yes No Evening Shift Yes No

 Full Time Yes No Night Shift Yes No

 Weekend Shift Yes No

Have you ever been found to have committed abuse? Yes No

If yes, please explain:

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain:

Have you ever applied at this community before? Yes No

If yes, when? For what position?

**Employment History:**

*List your employment history for at least the last 5 years starting with your most recent position, including all periods of unemployment. (Attach additional sheets if more space is needed).*

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| From (Month / Year)  | **Employer Information** | Describe Responsibilities |
| To (Month / Year)  | Name & Address  |   |
| Rehirable?  □ Yes □ No | Supervisor  | Reason for Leaving  |
| Position  | Phone Number  |  |
| From (Month / Year)  | **Employer Information** | Describe Responsibilities |
| To (Month / Year)  | Name & Address  |   |
| Rehirable?  □ Yes □ No | Supervisor  | Reason for Leaving  |
| Position  | Phone Number  |  |
| From (Month / Year)  | **Employer Information** | Describe Responsibilities |
| To (Month / Year)  | Name & Address  |   |
| Rehirable?  □ Yes □ No | Supervisor  | Reason for Leaving  |
| Position  | Phone Number  |  |
| From (Month / Year)  | **Employer Information** | Describe Responsibilities |
| To (Month / Year)  | Name & Address  |   |
| Rehirable?  □ Yes □ No | Supervisor  | Reason for Leaving  |
| Position  | Phone Number  |  |

**Read and Understand Before Signing**

**Statement of Acknowledgement and Understanding**

* I understand that this Application for Employment (“Application”) is merely my expression of interest in employment with the Company. I understand that my submission of this Application does not obligate the Company to review my Application or consider me for employment.
* I understand that an offer of employment with the Company does not constitute a contract of employment for any kind or of any definite duration. If I become employed by the Company, I understand that my employment is “at will” and (i) I may resign my employment at any time; and (ii) the Company may terminate my employment with or without cause at any time at the Company’s sole discretion.
* As permitted by State law, I authorize an investigation of all matters concerning my past employment, credit, criminal convictions, character or other activities; and the issuance of any information by any person, company or corporation with respect to any of the above, including the issuance of credit reports or other statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and the Company and its agents in obtaining and using the same.
* I understand that any conditional offer of employment is subject to verification of all information contained in this Application or other pre- employment questionnaires or interviews, including, but not limited to, verification of applicable lawful age and legal right to work in the United States, as provided under applicable law. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file and to verify the information contained therein. I understand that my identity will be confirmed with the Social Security Administration and that my eligibility to work may be confirmed with the Department of Homeland Security.
* I understand that if I am offered a position at the Company, I will be required to take a drug test and receive a negative result on the drug test prior to beginning work. I understand that a positive drug test will result in my disqualification for the position. I also understand that if I refuse to take the test, I will receive no further consideration for employment.
* I understand and agree that any false, misleading or incomplete information given in my Application, resumé, interview(s) or other pre- employment questionnaires or procedures, regardless of when discovered by the Company, may disqualify me for employment or, if employed, may result in my immediate termination. I agree that the Company shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.
* I hereby certify that I am able to perform, with or without reasonable accommodations, the essential job functions of the position for which I am applying. Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Company: (i) what reasonable accommodations, if any, are required to meet the essential job functions of the position and (ii) whether I can perform the job without posing a direct threat to the health or safety of myself or others.
* I understand that I am required to abide by all policies, rules and regulations of the Company including, but not limited to, all applicable safety rules and regulations and further acknowledge that my failure to follow the Company’s policies, rules and regulations may be grounds for my immediate termination. I understand that the Company's policies, rules and regulations may be modified by the Company at any time, with or without notice.
* I hereby acknowledge that I have read and understand all of the information written above and agree to the terms therein. I certify that the facts contained in this Application are true and complete to the best of my knowledge.

**I have had an opportunity to have my questions about the statements content and intent answered and I understand its terms.**

**Signature of Applicant Date**