



64979 Old Twenty One Road  
 Cambridge, Ohio 43725  
 Phone (740)439-5720/Toll Free (888)306-5329  
 Fax (866) 365-8440

**APPLICATION FOR EMPLOYMENT**

Acute Nursing Care is an equal opportunity employer and does not discriminate based on race, age, color, handicap, religion, national origin, medical condition, marital status, or sex.

GENERAL DATA		
Name: (Last)	(First)	(Middle)
Present Address:		
Phone Number:		
Have you lived in Ohio for the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers' License Number & State(IF JOB INVOLVES DRIVING):	Expiration Date: ____/____/____	Social Security Number: ____-____-____
Number of Years At Current Address:	Application Date:____/____/____	Position Applied For:
Circle One: Full Time/Part Time	Shifts/Hours Available:	
If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative or member of your household? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERSONAL DATA		
Name, Address & Telephone Number of Emergency Contact:		
If under 18 years of age can you submit a work permit after employment? ____ YES ____ NO ____ N/A	If you are not a U.S. Citizen, have you the legal right to remain permanently in the U.S.? ____ YES ____ NO: Visa Number:	
List memberships in professional organizations which you feel would enhance your application, excluding any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.  _____		
How were you referred to this business:		
Have you ever been convicted of a misdemeanor or felony other than a traffic infraction? ____ YES ____ NO		
If "yes" please explain: (Note: Convictions are not an automatic bar to employment. Each case will be considered on its own merits.) _____		

**PROFESSIONAL & TECHNICAL APPLICANTS ONLY**

Type of License:	Professional License Number:	Expiration Date: ____/____/____	State:
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**Skills**

Typing? _____NO _____YES : WPM _____	Shorthand? _____NO _____YES : WPM _____
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Machines Operated:

Other Training/Skills, including bilingual ability:

**MILITARY EXPERIENCE IN ARMED FORCES OF THE U.S. OR IN A STATE MILITIA (U.S.)**

Service Branch:	Initial Rank:	Final Rank:	Specialty:
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Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? \_\_\_\_\_NO  
YES If "yes" may explain:

**EDUCATION**

Do you have a high school diploma or GED? \_\_\_\_\_YES \_\_\_\_\_NO

Type	School Name/Address	Years Attended	Course/Major	Diploma/Degree
High School				
College				
Trade or Other Prof. School				

**PROFESSIONAL REFERENCES**

Name	Address	Phone Number	Years Known

**WORK EXPERIENCE**

Begin with most recent job. Please fully account for all time, including periods of unemployment and any prior employment by this company. Use additional pages if necessary.

Name of Employer	Supervisor's Name	Position/Duties	Starting Date	Last Date
Street Address	Supervisor's Title	May we contact now? ____ YES ____ NO	Starting Pay	Ending Pay
City, State, Zip	Phone Number	Positon Worked	Reason for Leaving	

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WORK EXPERIENCE CONT'D				
Name of Employer	Supervisor's Name	Position/Duties	Starting Date	Last Date
Street Address	Supervisor's Title	May we contact now? ____YES ____NO	Starting Pay	Ending Pay
City, State, Zip	Phone Number	Positon Worked	Reason for Leaving	
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Street Address	Supervisor's Title	May we contact now? ____YES ____NO	Starting Pay	Ending Pay
City, State, Zip	Phone Number	Positon Worked	Reason for Leaving	

I HEREBY CERTIFY THAT THE INFORMTAION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY ACUTE NURSING CARE UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHINGS SUCH INFORMATION TO ACUTE NURSING CARE AS WELL AS FROM THE USE OF DISCLOSURE OF SUCH INFORMATION BY ACUTE NURSING CARE OR ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR IF I AM HIRED IN MY DISMISSAL FROM EMPLOYMENT. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE COMPANY AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF ACUTE NURSING CARE. I UNDERSTAND THAT NO EMPLOYEE OR RESPRESENTATIVE OF THE COMPANY OTHER THAN THE PRESIDENT OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMNT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. FURTHER, THE PRESIDENT OF THE COMPANY MAY NOT ALTER THE AT-WILL NATURE OF THE EMPLOYMENT RELATIONSHIPS UNLESS HE/SHE DOES SO SPECIFICALLY IN WRITING. I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_