



Adult Day Care Services

Employment Application (PLEASE PRINT)

Applicant Information										
Full Name:								Date:		
	<i>Last</i>	<i>First</i>				<i>M.I.</i>				
Address:										
	<i>Street Address</i>						<i>Apartment/Unit #</i>			
							<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone:	()	-	E-mail Address:							
Date Available:			Social Security No.:			Desired Salary:	\$			
Position Applied for:										
Best time to contact you at home is : _____:_____ AM PM										
If you are under 18 years of age, can you provide proof of your ability to work?								YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you available to work : _____ Mornings _____ Afternoon _____ On-Call _____ PRN										
Hours per week you are willing to work : _____ Do you have your own transportation? _____										
Have you ever been excluded or been determined ineligible for participation in Medicare or Medicaid?								YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes please explain:										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of criminal activity?			YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:										

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Previous Employment					
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Company:				Phone:	() -
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	() -
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education						
High School:		Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College:		Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other:		Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Registration / Certification / License
Type: _____ Number: _____ State: _____ Expiration: _____
Type: _____ Number: _____ State: _____ Expiration: _____

ADDITIONAL INFORMATION
Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

References			
<i>Please list three professional references.</i>			
Full Name:		Relationship:	
Company:		Phone:	() -
Address:			
Full Name:		Relationship:	
Company:		Phone:	() -
Address:			

Full Name:		Relationship:	
Company:		Phone:	() -
Address:			

Why do you want to work for New Beginnings? _____

Disclaimer and Signature

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification or omissions of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand the employment is conditioned upon verification of the information contained herein.

I authorize the listed employers, schools and personal references, as well as any other persons; schools; companies; credit bureaus; state licensing; law enforcement and other government agencies; to give New Beginnings (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file any claim, lawsuit of any other cause of action or any kind against any person or entity arising out of the furnishing or use of such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with New Beginnings is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct.

In consideration of my employment by New Beginnings, I agree to learn and conform to New Beginnings rules and policies. I further agree that I have the right to terminate my employment without notice at any time for any reason, and that New Beginnings also retains this right.

New Beginnings will retain this application for one year and consider applicant for any available opening for a minimum of three months, at which time a new application may need to be completed.

New Beginnings reserves the right to require participation in random drug testing as well as for employment. Refusal to participate or any positive result can result in immediate termination.

Signature:		Date:	
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NONDISCRIMINATION

It is the policy of New Beginnings to consider all applicants for employment without regard to age, race, religion, creed, color, handicap (disability), marital status, sex, national origin, ancestry, military status or any other legally protected status. No questions on this application are intended to secure information to be used for such discrimination.

Pease list two emergency contacts:

Name: _____
Relationship: _____
Phone Number: _____

Name: _____
Relationship: _____
Phone Number: _____

(FOR OFFICE USE ONLY)

INITIAL CONTACT DATE: _____
INTERVIEW DATE: _____
TIME: _____
INTERVIEWED BY: _____
REASON INTERVIEW CANCELED: _____
FOLLOW UP DATE: _____
(if applicable)
DATE OF HIRE: _____
(if applicable)
ORIENTATION DATE: _____

Licensure Verification:

RN / LPN (601-987-6858) _____

**New Beginnings Adult Day Care Services
562 Line Street South | 235 69th Avenue
Philadelphia, MS 39350 | Meridian, MS 39307
Office: 601-656-0340 601-483-4061
Fax: 601-656-0342 | 601-483-4062**

I, _____ (signature) agree for you to release information to the above company with regards to previous employment with your company. Please mail this back to the above company or fax as soon as possible.

HIRE DATE: _____ EMPLOYMENT END DATE: _____

Is employee eligible for rehire? _____

Any additional comments you would like to add about the above employee:

Signature of Person Completing Report

Date