

APPLICATION FOR EMPLOYMENT HR Form 2.0 (2)

EOE/AA – DRUG FREE WORKPLACE

Today's Date: _____

Last Name First Name Middle Name

Present Address Street City/State

Email Address Cell Phone # Home Phone #

▪ Position Applying For _____

Full-time Part-time On-Call –work as needed (check all that apply)

Shifts: 1st 2nd 3rd Any shift you cannot work? _____

▪ Only US citizens or aliens who have a legal right to work in the US are eligible for employment. Can you, upon employment submit documentation verifying your legal right to work in the US and your identity?

Yes No

▪ Are you willing to submit to a Criminal Background check? Yes No

▪ Are you willing to submit to a Post-Offer Pre-Employment drug test? Yes No

Have you ever been convicted of a felony or have you had adjudication withheld? Yes No

If yes, give dates and explain _____

▪ Have you ever been sanctioned or disciplined by any federal or state government agency, including but not limited to the Office of the Inspector General, Medicare, Medicaid, Department of Health or any state licensing boards? Yes No

If yes, please explain

▪ Are you able to perform the essential functions of the position in which you are applying, with or without reasonable accommodation? Yes No

If no, please explain _____

▪ Do you have the use of a personally insured automobile, if required for the position? Yes No

▪ Do you have a valid US driver's license, if required for the position you are applying? Yes No

▪ Are you fluent in another language other than English? If so, which _____

EDUCATION

School	Print Name, Phone Number and Address for each School	Number of Years Completed	Degree	Course of Study
High School				
College				
Graduate School				
Certification/License				

SPECIAL SKILLS list any job-related skills or qualifications that support your application _____

- In order to permit a check of your work and educational records, should we be aware of any change of name or assumed name that you previously used? **Yes** **No**

If yes, identify names and relevant dates _____

LIST ALL PREVIOUS EMPLOYERS (most recent job first). Account for all time periods including unemployment, self-employment and military service. Please attach additional sheet if needed.

WORK EXPERIENCE

Current Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

WORK EXPERIENCE - Continued

Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed To _____ From _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

OTHER

- Have you had prior educational experience, which relates to the job for which you are applying?

Yes No

If yes, describe _____

- Please list reason for any lapse in your employment history _____

- Have you ever been discharged from a previous employer? Yes No

If yes, please explain _____

- Can you work overtime, if required? Yes No

Can you work nights, weekends or holidays, if required? Yes No

- Will you be engaged in any other employment or school while working here? Yes No

- Do you have any friends or relatives who work for the company? Yes No

Name _____

Relationship _____

- Do you have any friends or relatives who work within any of our facilities? Yes No

Name _____

Relationship _____

- Have you filed an application here before? Yes No

If yes, give date _____

- Have you ever been employed here before? Yes No

If yes, did you leave the company in good standing and with appropriate notice? _____

APPLICATION DISCLAIMER

I understand that the Facility is committed to providing equal opportunity in all employment practices, including but not limited to, selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other protected status by federal, state or local law.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize former and present employers and schools, work and personal references listed in the application, and any other individuals I may name, to give the Facility or its designee any and all information concerning my previous employment, education background, and any pertinent information they may have, I release such parties from all liability for damages that may result from furnishing same to Facility. I also authorize the Facility to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may result in the Facility refusing to consider me for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may result in termination of employment.

I understand that this employment application and any other Facility documents are not constructed as a contract of employment. I further understand that if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Facility has a similar right. I understand that no manager, representative, or agent of the Facility has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing without agreement being signed by an Officer of the Facility.

NOTIFICATION TO AN INDIVIDUAL THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with the Amended Fair Credit Reporting Act and applicable state law, this notice is to inform you that a consumer report may be obtained in connection with your application for employment or your current employment. A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collection in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility. "Consumer Report" is any information obtained from a "consumer reporting agency" and may include, but is not limited to the following: Criminal history records, drug screening tests, driving records, school attendance records, school transcripts, military service records, credit records, records of former addresses, and any other public information or consumer reports.

Applicant Signature _____ Date _____

Revised 06/18/2014

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