Today's	Date:		
Your Name:			
-	(Last Name)	(First Name)	

## EMPLOYMENT APPLICATION

For Employer Use Only						
Date of Hire	:					
Status: FT	PT	PT/PF	RN	PRN		
Discipline:	RN	LPN	CNA	Chaplin	MSW	Other
Date Benefit	s Expl	ained: _				
Insurance In	itial En	nployme	ent Per	riod: 30 d	ays 90	days 180 days

We are equal opportunity/affirmative action employers. All qualified applicants will be considered without regard to race, color, religion, age, sec (an individual's sex, gender identity, sex stereotyping, pregnancy, childbirth and related conditions), sexual orientation, disability (mental or physical), communicable disease, or national origin.

Pe	ersonal		Please Pr	rint				
Pos	ition(s) Applied for					Date	of Application	
Firs	t Name	Initial	Las	t Name		Home	Telephone #	
Add	ress					Busin	ess or Message	e #
City		State	Zip			When	can you begin	work?
	son to Notify in Case o					<u> </u>		
Nan	ne	Address			Phone		Relationship	)
Are	you over 18 years of a	ge? □ Yes □	No C	an you leg	ally work in the	USA?	□ Yes □ No	3
Spe	cify days and hours wi	lling to work:						
Are	you currently employe	d? □Yes □	No WI	nere:				
Nun	nber of days absent fro	om work in the last year	due to illne	ess:				
	e of employment you a	re seeking:     Full	Time □ Pa	art Time				
Ed	lucation							
		Name & Address of	f School	C	ourse of Study		Years Completed	Diploma Degree
	High School						·	-
	Nursing School							
	College/ University							
	Other (Specify)							
Lic	enses & Spec	cial Skills						
List	the Number and Expir	ation date of any Profes	ssional or C	occupational	al License you h	old:		
Please give the issuing State and Number of your current Driver's License:								
How far are you willing to travel?								
Do you have auto insurance? □Yes □ No								
Hav	e you ever been convi	cted of a crime (Felony	or Misdem	eanor, DUI	) other than rou	tine traf	fic citation? □	Yes □ No
	e of offense:	et Employer Ei	-	e & Place o	of Conviction:			
1	Employer	st Employer Fi		Dates E	mployed		Work Perfo	rmed
"					, ,			
	Address			From	То			
	Telephone Number (	)						
	Job Title			Hourly R	ate/Salary			

	Supervisor						
	Capervisor		Starting	Final			
	Reason for Leaving						
2	Employer		Dates E	mployed	W	ork Performed	
	Address		From	То			
	Telephone Number ( )						
	Job Title		Hourly R	ate/Salary			
	Supervisor		Starting	Final			
	Reason for Leaving						
3	Employer		Dates E	mployed	W	ork Performed	
	Address		From	То			
	Telephone Number ( )						
	Job Title		Hourly R	ate/Salary			
	Supervisor		Starting	Final			
	Reason for Leaving						
Ma	y we communicate with your past Emp	loyer's?	☐ Yes ☐	No			
Ma	y we communicate with your current er	mployer?	□ Yes □	No			
Pe	ersonal References (List personal	onal other th	nan relatives	or employer's	s)		
1	Name	Address			Ph	none	
2	Name	Address			Pł	none	
3	Name	Address			Pł	none	
APPLICANT'S CERTIFICATION AGREEMENT  1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.  2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.  3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT. IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.  4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the immigration Reform and Control Act of 1986.  5. I have read and reviewed the information provided in this application (Pages 1 and 2) and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and accurately.							
	Signature Date						

## Confidential Employment Reference Check

Applicant's Name:		Add	ress:				
City:	State:			Zip:			
Re:(Last)	(First)			(M.I.)			
Please include any former names	s you have	worked under	r:				
We are considering the above ap	plicant for	employment	with us as a(n	)			
Applic	ant's Socia	al Security#_					
I hereby authorize any prior emp with them as may be requested a educational institutions attended	nd if neces	sary, I author	rize the Regist	rar/Placement (			
Applicant Signatures:			Date	e:			
Person Requesting Information:			Job Ti	tle:			
We would appreciate your co convenience. A	ny comments	s you make wil <b>Thank</b>	l be treated in t <b>You</b>	he strictest conf	îdence.		
Please rate	applicant b			propriate colun			
Ability to take instructions	-	Excellent	Good	Adequate	Unsatisfactory		
Attandanaa							
Attitude & Cooperation							
Character							
Dependability							
Effective Utilization of Time							
Interpersonal Relations							
Job Knowledge							
Overall Ability							
Professional Appearance							
Technical Ability							
Date of employment: From	From: To:						
Last Position Title:							
Reason for leaving:							
Would you re-hire? Yes No		If no, please explain:					
Additional Remarks:					_		
Data: Si	anotura			Title			

## Confidential Employment Reference Check

Applicant's Name:		Add1	ess:			
City:	Star	te:		Zip:		
Re:(Last)	(First)			(M.I.)		
Please include any former	r names you hav	ve worked under	:			
We are considering the ab	pove applicant f	or employment v	with us as a(n	)		
	Applicant's So	cial Security#_				
I hereby authorize any pri with them as may be requ educational institutions at	ested and if nec	essary, I authori	ze the Regist	rar/Placement (	Office of all	
Applicant Signatures: _	Date:					
Person Requesting Inform	nation:		Job Ti	itle:		
	ence. Any comme	ents you make will <b>Thank I</b>	be treated in t Y <b>ou</b>	the strictest conf	îdence.	
Plea	se rate applican	t below with an	"X" in the ap	propriate colun	nn.	
A 1. 114 A . A . 1 1		Excellent	Good	Adequate	Unsatisfactory	
Ability to take instruction Attendance	IS					
Attitude & Cooperation						
Character						
Dependability						
Effective Utilization of T	ime					
Interpersonal Relations						
Job Knowledge						
Overall Ability						
Professional Appearance						
Technical Ability						
		To:				
Last Position Title:						
Reason for leaving:						
Would you re-hire? Ye		If no, please explain:				
Additional Remarks:						
Date:	_ Signature:			Title:		