

EMPLOYMENT APPLICATION

We consider all applicants for all positions without regard to race, color, religion, sex, age, marital status, veteran status, national origin, the presence of non-job related medical condition or disability or any other protected status. We are an equal opportunity employer.

Instructions for Completion

Please print all information as clearly as possible in ink. Provide all applicable information as detailed as possible as this will provide us with more background information and increase your chances of employment. Please do not leave any blanks or question unanswered. If a specific questions does not apply, please state 'does not apply (N/A)'. All information provided will be kept confidential unless you otherwise state.

| | |
|--------------------------------|-----------------------------|
| Date of Application: _____ | Date of Availability: _____ |
| Position(s) Applied For: _____ | Salary Expectation: _____ |

| | |
|--|---|
| Name: _____ | Telephone: _____ |
| Last First Middle | Area Code Local Number |
| Address: _____ | _____ |
| Number Street City | State Zip Code |

Required Responses

1. If employed and under 18 years of age, can you furnish a work permit? Yes ___ No ___
2. Have you filed an application with this company before? Yes ___ No ___
3. Have you ever been employed with this company before: Yes ___ No ___
 If yes, give date: _____
4. Are you currently employed: Yes ___ No ___
 If yes, may we contact your present employer? Yes ___ No ___
5. Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes ___ No ___
 (Proof of citizenship or immigration status will be required upon employment)
6. Are you able to work? Full Time ___ Part Time ___ Temporary ___ Yes ___ No ___
7. Have you been convicted of a felony? Yes ___ No ___
 Conviction will not necessarily disqualify applicant from employment)
 If yes, please explain: _____

8. Have you ever been excluded from participation in any federally funded health care program, including but not limited to Medicare and Medicaid? Yes ___ No ___
 If yes, please explain: _____

9. If licensed, have you ever been sanctioned (disciplined by the licensing board)? Yes ___ No ___
 If yes, please explain: _____

EMPLOYMENT APPLICATION

Education:

| | Graduate or Professional | College University | High School or GED |
|--|--------------------------|--------------------|--------------------|
| School Name | | | |
| Years Completed | 1 2 3 4 5 6 | 1 2 3 4 | 9 10 11 12 |
| Diploma/Degree | | | |
| Certification or License (Provide State & #) | | | |
| Honors Received | | | |
| | | | |

References: Give name address and telephone numbers of three (3) references who are not related to you and who are not previous employers.

| | | |
|----|----------------|--------------|
| 1. | Name: _____ | Phone: _____ |
| | Address: _____ | |
| 2. | Name: _____ | Phone: _____ |
| | Address: _____ | |
| 3. | Name: _____ | Phone: _____ |
| | Address: _____ | |

Employment Experience: Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations that would reveal a legally protected status.

| | | |
|----|-------------------------------------|-------------------|
| 1. | Employer: _____ | Phone: _____ |
| | Address: _____ | |
| | Dates Employed: From: _____ | To: _____ |
| | Job Title: _____ | Supervisor: _____ |
| | Hourly Rate/Salary: Starting: _____ | Final: _____ |
| | Worked Performed: _____ | |
| | Reason for Leaving: _____ | |

EMPLOYMENT APPLICATION

Employment Experience: (Cont.)

| | | | |
|---------------------|-----------------|-------------|-------|
| 2. Employer: | _____ | Phone : | _____ |
| Address: | _____ | | |
| Dates Employed: | From: _____ | To: | _____ |
| Job Title: | _____ | Supervisor: | _____ |
| Hourly Rate/Salary: | Starting: _____ | Final: | _____ |
| Worked Performed: | _____ | | |
| Reason for Leaving: | _____ | | |

| | | | |
|---------------------|-----------------|-------------|-------|
| 3. Employer: | _____ | Phone : | _____ |
| Address: | _____ | | |
| Dates Employed: | From: _____ | To: | _____ |
| Job Title: | _____ | Supervisor: | _____ |
| Hourly Rate/Salary: | Starting: _____ | Final: | _____ |
| Worked Performed: | _____ | | |
| Reason for Leaving: | _____ | | |

| | | | |
|---------------------|-----------------|-------------|-------|
| 4. Employer: | _____ | Phone : | _____ |
| Address: | _____ | | |
| Dates Employed: | From: _____ | To: | _____ |
| Job Title: | _____ | Supervisor: | _____ |
| Hourly Rate/Salary: | Starting: _____ | Final: | _____ |
| Worked Performed: | _____ | | |
| Reason for Leaving: | _____ | | |

EMPLOYMENT APPLICATION

Summarize Skills and Qualifications acquired from employment experiences or education.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from this facility constitutes an employment contract unless a specific document to that effect is executed by the facility owner and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by the facility's Code of Conduct, Compliance Plan and all related policies, procedures and guidelines.

Signature of Applicant

Date