

APPLICATION FOR EMPLOYMENT

Date _____ Social Security Number _____

Name _____ Phone _____

Address _____

Date You Can Start _____ Position Desired _____

Preferred Shift(s) _____ \$ _____ Minimum Per Hour

Have you ever applied to this company before? Yes -or- No

If "Yes", When: _____ What Position: _____

EDUCATION

	Name and Location of School	Did you Graduate?	Degree or Certificate Received
High School			
College			
Trade, Business, or Certification			

WORK EXPERIENCE

Start Date	End Date	Name and Phone # of Employer	Position	Salary	Reason for Leaving

Do you have any special training, or certifications in the position that you are seeking not mentioned above?

*****Before submitting application, please attach a copy of your certification (NA) or license (CNA/LPN/RN)**

REFERENCES

We check references! Please list four people who you have worked with in the past.

You may substitute one for a personal reference.

Reference Name	Reference Phone #	Where did you work together?	How many years did you work together?

Have you ever been convicted of a felony? Yes -or- No

Have you ever been convicted of any type of theft or fraud? Yes -or- No

If "Yes" to either of the above questions, please explain: _____

Can you perform the essential functions of the position that you are applying for with or without accommodation(s)?

Yes -or- No

I understand that all Company policies, procedures and guides, including any employee handbook, are not intended to be and shall not create a contract of employment with the Company for any specific duration or for any other purpose. If employed, I agree to conform to the rules, policies and regulations of the Company.

I certify that the information I have provided on this employment application or in conjunction with this application is correct, complete and true to the best of my knowledge. I understand that any false or misleading statement made by me in this application or in connection with my seeking employment, or the failure to disclose pertinent information in this application or in conjunction with my seeking employment may result in my disqualification from consideration of employment or may be grounds for immediate termination of employment.

Applicant Signature

Date

Authorization for Previous Employer To Release Information

I, _____, hereby authorize my prior employers to release any and all information relating to my employment with them to _____. I further release and hold harmless both my previous employer and _____ from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, or subpoenaed by a court of law, and that neither I nor anyone else not so involved will have the right to see the information obtained.

Signature of Applicant

Date

Printed Name of Applicant

(This Page for Use by EMPLOYER ONLY)

New Hire Information

Date of Interview: _____ by: _____
Eligible for Hire: _____ Position: _____
Starting date: _____ Shift: _____ Pay Rate: _____
Introduction to department heads: _____ Orientation date scheduled: _____
Department head approval: _____ Administrator approved: _____

REFERENCE CHECKS

Company Name: _____ Telephone: _____
Address: _____
Employed from: _____ to _____ Person contacted: _____
Job title: _____ Reason for leaving: _____
Date of Reference Check: _____ Checked By: _____

Company Name: _____ Telephone () _____
Address _____
Employed from: _____ to _____ Person contacted _____
Job title: _____ Reason for leaving: _____
Date of Reference Check: _____ Checked By: _____

Company Name: _____ Telephone () _____
Address _____
Employed from: _____ to _____ Person contacted _____
Job title: _____ Reason for leaving: _____
Date of Reference Check: _____ Checked By: _____

REGISTRY CHECK

<https://registry.prometric.com/registry/publicARK>

Name: _____ Certificate Number: _____
Issued: _____ Expires: _____ Standing: _____

CERTIFICATE/LICENSE VERIFICATION

<https://www.ark.org/arsbn/statuswatch/index.php/nurse/search/new>

Agency contacted: _____ License type: _____
Issued: _____ Expires: _____ Standing: _____