

APPLICATION FOR EMPLOYMENT

PERSONAL

Name _____ Date _____
FIRST MIDDLE LAST

Are you age 18 or older? Yes No Social Security No. _____ Phone _____

Have you ever used another Social Security No.? Yes No If yes, what No. _____

Address _____
STREET CITY STATE ZIP

Are you legally eligible for employment in the United States? Yes No

Type of position applying for _____ Shift preference Day Evening Night

Applying for Full Time Part Time: If part time, when available? _____

Who referred you to us? _____

Have you previously worked for this nursing center? Yes No

If so, when? _____

Have you any relatives employed at this nursing center? Yes No

Name of Relative	Where Employed	Relationship
_____	_____	_____
_____	_____	_____

EDUCATION

NAME OF SCHOOL	LOCATION	DEGREE	COURSE OR MAJOR/MINOR SUBJECTS
JUNIOR HIGH		 	
HIGH SCHOOL		 	
COLLEGE OR UNIV.			
OTHER			

Scholastic Record (Average Grade or Points) _____

School Activities (Athletics, Student Government, Offices, Committees, Etc.) _____

U.S. MILITARY

BRANCH OF SERVICE	DATES OF SERVICE	
	FROM	TO
HIGHEST RANK ATTENDED	DATE OF DISCHARGE	

SERVICE SCHOOLS OR JOB RELATED EXPERIENCE _____

This nursing center is an Equal Opportunity Employer, which does not discriminate on the basis of age, race, sex, color, national origin, religion, disability, Veteran status, or any other characteristic protected by Federal or State law.

Please note:

If you were known by another name at a previous place of employment, please state the other name and date of use. _____

EMPLOYMENT HISTORY

1. NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	PHONE
DATES EMPLOYED FROM _____ TO _____		WAGE OR SALARY	YOUR JOB
SUPERVISOR'S NAME		REASON FOR LEAVING	

2. NEXT PREVIOUS EMPLOYER		ADDRESS	PHONE
DATES EMPLOYED FROM _____ TO _____		WAGE OR SALARY	YOUR JOB
SUPERVISOR'S NAME		REASON FOR LEAVING	

3. NEXT PREVIOUS EMPLOYER		ADDRESS	PHONE
DATES EMPLOYED FROM _____ TO _____		WAGE OR SALARY	YOUR JOB
SUPERVISOR'S NAME		REASON FOR LEAVING	

4. NEXT PREVIOUS EMPLOYER		ADDRESS	PHONE
DATES EMPLOYED FROM _____ TO _____		WAGE OR SALARY	YOUR JOB
SUPERVISOR'S NAME		REASON FOR LEAVING	

Please list any special qualifications, experience, or skills which you may feel might be helpful in considering your application.

Do you have any outside responsibilities which may interfere with your work?

OTHER

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, explain _____

- Have you ever been licensed or practiced professionally under a different name? Yes No
- Have you ever had a nursing license or other professional license in any jurisdiction limited, suspended, revoked or voluntarily relinquished? Yes No
- Have you ever had any malpractice claims, suits, settlements or arbitration proceedings involving you professional practice? Yes No

If yes, explain _____

In consideration of my application for employment and potential employment I hereby certify that the information provided on this application is true and complete to the best of my knowledge. I understand that this nursing center will investigate my past employment, activities, statements and personal history. I fully release from any and all liability all persons, organizations, institutions, medical personnel, and all others who supply information relating to my employment, educational, criminal and medical history. I fully authorize the above individuals and organizations to provide information that this nursing center requires to reach a decision regarding my application or employment status. I agree that any material, false information or omissions may disqualify me from further consideration for employment and may be considered as justification for termination if discovered at a later date.

I agree I must meet the physical and mental requirements of the position, and am subject to taking a physical examination now and as required in the future. Drug and alcohol tests are a part of these examinations. I further agree to abide by all company rules and regulations now and as amended in the future. **It is understood and agreed that there is no commitment or guarantee expressed or implied concerning the length of my employment and that my employment is at will.** I also acknowledge that either party will be free to terminate employment at any time, with or without notice or cause.

DATE

SIGNATURE OF APPLICANT