

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

LAST NAME	FIRST	MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.
HOME TELEPHONE NO.
CONTACT TELEPHONE NO.

ANY PREVIOUS NAME(S)? YES NO IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:

E-MAIL ADDRESS (optional)

BEST TIME TO CONTACT YOU:	DATE AVAILABLE FOR WORK:
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ARE YOU APPLYING FOR:

FULL TIME PART TIME
 REGULAR TEMPORARY

POSITION APPLIED FOR: _____ SALARY DESIRED: _____

HOW WERE YOU REFERRED TO THIS FACILITY? _____

RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES NO

NAME: _____ DEPT: _____ RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES NO WHEN? _____

ARE YOU 18 YRS OF AGE OR OLDER? YES NO

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

LONG RANGE OCCUPATIONAL GOALS: _____

WOULD YOU CONSIDER WORKING:

WEEKENDS & HOLIDAYS YES NO
 ROTATING SHIFTS YES NO
 ON CALL YES NO
 ANY SHIFT YES NO

SHIFT PREFERENCE:

DAYS EVENINGS NIGHTS

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? YES NO
 IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records.)

HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES NO IF YES, WHICH STATE(S), AND EXPLAIN:

HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES NO IF YES, EXPLAIN:

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								

OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)

AREA(S) OF SPECIALIZATION OR MAJOR INTEREST: _____ LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE: _____

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED: _____ WORD PROCESSING: APPROX. WPM _____

PROFESSIONAL LICENSES

CURRENTLY LICENSED ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION YES NO IF YES, EXPLAIN

TYPE: _____ STATE: _____
NO: _____ DATE: _____

PROFESSIONAL CERTIFICATIONS

CURRENTLY CERTIFIED ELIGIBLE FOR CERTIFICATION

TYPE: _____ STATE: _____ DATE: _____

CURRENTLY LICENSED ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION YES NO IF YES, EXPLAIN

TYPE: _____ STATE: _____
NO: _____ DATE: _____

CURRENTLY CERTIFIED ELIGIBLE FOR CERTIFICATION

TYPE: _____ STATE: _____ DATE: _____

PERSONAL

EDUCATION / SKILLS

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY(Hr/ Mo/Yr):
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

LANGUAGE
REFERENCES
SIGNATURE
FOR OFFICE USE ONLY

LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date _____ Signature _____

TO BE COMPLETED AFTER EMPLOYED HIRED? YES NO SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE	REFERENCE #2	DATE	REFERENCE #3	DATE
PERSONNEL NOTES (these notes are open to inspection -- keep information factual)						
IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES <input type="checkbox"/> NO <input type="checkbox"/>				INTERVIEWER'S SIGNATURE		
STARTING DATE		<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT		COMPLETION OF EVALUATION PERIOD DATE		APPROVED BY
DEPARTMENT		COST CENTER		SIGNATURE		
POSITION/JOB SITE				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		<input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE		DIFFERENTIAL		SHIFT	EMPLOYEE NUMBER	
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS	TELEPHONE		