



APPLICATION FOR EMPLOYMENT

This application is not an employment contract but merely is intended to evaluate suitability for employment.
 This company is an Equal Opportunity Employer. We are dedicated to a policy of non-discrimination in employment based on race, color, religion, sex, sexual orientation, age, nation origin, marital status, pregnancy, veteran status or because of a disability that does not prevent the individual from performing the essential functions of his or her job, with or without reasonable accommodation, as well as any other legal protected class status.

A criminal records check in accordance with state requirements will be completed and requires all applicants to whom a conditional offer of employment is extended to truthfully disclose and pass the criminal records check as a condition of employment.

Please inform us if you need reasonable accommodation for accessibility in order to complete the application and selection process.

We are an at-will employer, meaning that either the employer or the employee may end the employment relationship at any time and for any reason.

Position Applying for:	Date of Application:
Salary Requirements:	Date Available :

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip code
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Home Telephone	Cell Phone	Print Clearly Email Address
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Are you currently employed? Yes No If yes, can we contact your current employer? Yes No

If presently employed, why do you desire to change you position? _____

For purposes of compliance with the Immigration Reform & Control Act of 1986:

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

Do you now or will you in the future require employment-based visa sponsorship? Yes No

Will you consider: On Call Yes No Temporary Yes No
 Part Time Yes No Full Time Yes No

Have you ever been found to have committed abuse? Yes No

If yes, please explain: _____

Have you ever been dismissed or forced to resign from any employment? Yes No

If yes, please explain: _____

School	Name & Location	Did you Graduate?	Subjects Studied & Degree Received
High School			
College			
Other, please specify			

Dates	Employer Information	Position/Describe Responsibilities	Reason for Leaving
From: To:	Name: _____ Address: _____ Supervisor: _____ Phone Number: _____		
From: To:	Name: _____ Address: _____ Supervisor: _____ Phone Number: _____		
From: To:	Name: _____ Address: _____ Supervisor: _____ Phone Number: _____		
From: To:	Name: _____ Address: _____ Supervisor: _____ Phone Number: _____		
From: To:	Name: _____ Address: _____ Supervisor: _____ Phone Number: _____		

Professional License: CNA , NAC, HCA, Other: _____

State and License Number: _____

Professional References: List three professional references who have known you for one year or more:

Name: _____ Phone Number: _____ Email: _____

Name: _____ Phone Number: _____ Email: _____

Name: _____ Phone Number: _____ Email: _____

**Read and Understand Before Signing
Statement of Acknowledgement and Understanding**

- I understand that this Application for employment (“Application”) is merely my expression of interest in employment with the Organization. I understand that my submission of this Application does obligate the Organization to review my Application or consider me for employment.
- I understand that an offer of employment with the Organization does not constitute a contract of employment for any kind or of definite duration. If I become employed by the Organization, I understand that my employment is “at will” and I may resign my employment at any time and the Organization may terminate my employment with or without cause at any time at the Organizations sole discretion.
- As permitted by State law, I authorize an investigation of all matters concerning my past employment, credit, criminal convictions, character or other activities: and the issuance of any information by any person, company or corporation with respect to any of the above, including the issuance of credit reports or other statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and the Organization and its agents in obtaining and using the same.
- I understand that any conditional offer of employment is subject to verification of all information contained in this Application or other pre-employment questionnaires or interviews, including but not limited to, verification of applicable lawful age and legal right to work in the United States, as provided under applicable law. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file and to verify the information contained therein. I understand that my identity will be confirmed with the Social Security Administration and that my eligibility to work may be confirmed with the Department of Homeland Security.
- I understand and agree that any false, misleading or incomplete information given in my Application, resume, interview or other pre-employment questionnaires or procedures, regardless of when discovered by the Organization, may disqualify me for employment or, if employed, may result in my immediate termination. I agree that the Organization shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.
- I hereby certify that I am able to perform, with or without reasonable accommodations, the essential job functions of the position of which I am applying. Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Organization what reasonable accommodations, if any, required to meet the essential job functions of the position and whether I can perform the job without posing a direct threat to the health or safety of myself or others.
- I understand that I am required to abide by all policies, rules and regulations of the Organization including, but not limited to, all applicable safety rules and regulations and further acknowledge that my failure to follow the Organization’s policies, rules and regulations may be grounds for my immediate termination. I understand that the Organization’s policies, rules and regulations may be modified by the Organization at any time, with or without notice.
- I hereby acknowledge that I have read and understand all of the information written above and agree to the terms therein. I certify that the facts contained in this Application are true and complete to the best of my knowledge.

I have had an opportunity to have my questions about the statements content and intent answered and I understand its terms.

Signature of Applicant

Date