

APPLICATION

Name _____ Date _____
 Social Security # _____ Address _____
 Telephone () _____ Email _____ DOB _____
 Are you legally eligible for employment in the U.S.A.? Yes N
 License # (if applicable) _____ Driver's License # _____

Circle Preferences: Full-Time or Part-time Days or Nights
 Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

Are you able to work overtime, holidays, weekends? Yes No Date Available _____
 Were you previously employed by this facility? Yes No when? _____
 Are you a smoker? Yes No

EDUCATION					
Type of School	Name and Address of School	Course of Study	Did you Graduate?	Last Year Completed	Diploma or Degree
High School			Y N		
			Y N		
College			Y N		
			Y N		
Other					

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name	Address	Phone Number
1.		
2.		

Additional Information _____

This is a **non-smoking facility** and **I understand I may not smoke anywhere on the grounds or in the building.** Not adhering to this policy will result in immediate termination. I agree to follow this policy.
 Applicant Initial:

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:

I.	Name & Address of Company	From		To		Describe the work	Last	Reason for	Name of
		Mo	Yr	Mo	Yr	you did.	Salary	Leaving	Supervisor
							\$		
	Phone #								
II.	Name & Address of Company	From		To		Describe the work	Last	Reason for	Name of
		Mo	Yr	Mo	Yr	you did.	Salary	Leaving	Supervisor
							\$		
	Phone #								
III.	Name & Address of Company	From		To		Describe the work	Last	Reason for	Name of
		Mo	Yr	Mo	Yr	you did.	Salary	Leaving	Supervisor
	Phone #								

PLEASE READ AND SIGN BELOW

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application will be sufficient cause for dismissal.

I also understand that the facility will perform background checks on me, which will include criminal history, EMR, and NAR checks.

Date _____ **Signature of Applicant** _____

APPLICANT - DO NOT WRITE BELOW

Interviewer/Date: _____

Comments _____

Reference Check Results: (two)

Person Spoken with: _____ Phone _____

Comments _____

Person Spoken with: _____ Phone _____

Comments _____