

## APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veterans' employment. We are an equal opportunity employer.

**PERSONAL INFORMATION**

Date		
First Name	Middle Name	LastName
Other surnames that I have used:		Social Security #
Present Address		
City	State	Zip
Permanent Address		
City	State	Zip
Home Phone #:	Alternate Phone #:	
How did you hear about this position?		Referred By:
Are you legally entitled to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		
In Case of Emergency Notify: Name		
Phone #	Relationship to you	
U.S. Military or Naval Service	Rank	
Present Membership in National Guard or Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EMPLOYMENT DESIRED**

Position:	<input type="checkbox"/> RN	<input type="checkbox"/> LPN/LVN	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> Staffing
	<input type="checkbox"/> Clerical	<input type="checkbox"/> Personal Care Attendant	<input type="checkbox"/> Other: _____		
Have you passed Competency Testing?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a Certificate?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current Driver's License?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you currently have a car?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied to this Company before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?	

**PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS**

Do you have any professional licenses, certifications and/or registrations?  YES  NO

License/Certificate/ Registration #	Type	State Issued	Date Expires	Status <i>(List Active, Inactive, Restricted, Conditional or Pending)</i>

**REFERENCES**

Give below the names of three work related references.

NAME	ADDRESS	COMPANY/POSITION	PHONE

**EDUCATION**

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE/ CERTIFICATION
HIGH SCHOOL			
COLLEGE			
COLLEGE			
ADDITIONAL TRAINING			

**FORMER EMPLOYERS**

List below your complete employment history for the last five years, starting with the most recent position first. Attach additional pages if necessary.

DATE		NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
From	To				

May we contact the Supervisor's?  YES  NO

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

<b>Signature</b>		<b>Date</b>	
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