

An Equal Opportunity Employer  
**Application for Employment**

It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please Print Clearly

**Contact Information**

Date \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
(if different from present address) Street City State Zip

Telephone \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Employment Desired**

Position applied for \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  On Call

Are there any hours, shifts, or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

**Personal Information**

Have you ever been employed at this company before?  Yes  No

Are you related to anyone employed at this company?  Yes  No

If so, whom? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No If not, can you furnish a valid work permit? \_\_\_\_\_

Are you currently, or have you ever been, excluded, suspended or debarred from participating in a federal, state, or private health care program(s) or federal contracts (such as Medicare, Medi-Cal/Medicaid, Tricare, etc.)?  Yes  No If yes, please explain: \_\_\_\_\_

Are you currently subject to any type of judicial or administrative process that might lead to a possible exclusion, suspension or debarment from participating in a federal, state, or private health care program(s) or federal contracts (such as Medicare, Medi-Cal/Medicaid, Tricare, etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

## Licensure/Certification

Have you ever had a professional license or certification revoked or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you currently hold a valid professional license or certification?  Yes  No

If yes, note Type(s):

- Administrator       Preceptor       Registered Nurse  
 LVN                       CNA                       Other \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DHS Verification Number: \_\_\_\_\_ (FOR EMPLOYER USE ONLY)

Confirmation Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Data

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, please describe the functions that cannot be performed: \_\_\_\_\_

NOTE: We comply with the ADA and consider reasonable accommodations that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

## Education, Training & Experience

School	Name & Address	Years Completed	Graduate? (Yes/No)	Degree/Diploma
High School				
College/University				
College/University				
Vocational				
Health Care				
Other Training				



Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's President.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. I understand that if I am hired, I will be required to verify my identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date