



Compassionate HealthCare
Application for Employment

Applicants receive consideration for employment without regards to race, national origin, creed or religion, sex, marital status, age or disability.

Job applications will be considered active for the time period of two months. If you wish to be considered for employment after two months, you must reapply. Please read and complete all sections carefully before signing. False statements on this application shall be considered sufficient cause for rejection during the hiring process or termination.

Please Print

GENERAL INFORMATION**

Name: _____ Date: _____
 Last First Middle

 Telephone Message Phone Social Security Number

Present Address: _____
 Street City State Zip

Previous Address: _____
 Street City State Zip

Number of Years at Present Address: _____ How Long at Previous Address: _____

Have you ever been convicted of any felony, or any offense involving drugs/narcotics, theft or inflicting bodily injury? ____ Yes ____ No

If yes, full explain: _____

Have you ever been excluded from participating in federally funded programs? ____ Yes ____ No

Are you currently the focus of an investigation, which could result in exclusion from federally funded programs? ____ Yes ____ No

If yes to either of the above questions, explain fully: _____

If your former employment, education, or military service is under a name other than indicated above please list: _____

If under 18, do you have a work permit? ____ Yes ____ No Do you have legal right to work in the U.S.? ____ Yes ____ No

If not a U.S. citizen, Alien Reg. No. _____ Have you ever been bonded? ____ Yes ____ No

If yes, where? _____

How were you referred to us? _____

List any friends or relatives working here:

Have you ever worked for this facility before? ____ Yes ____ No If yes, when? _____

Position Held: _____ Reason for Leaving? _____

Do you have any commitments to another employer, which might affect your employment with us? ____ Yes ____ No

If yes, explain fully: _____

WORK DESIRED

Position desired: 1st _____ 2nd _____ 3rd _____ Date you can start _____

Shift Preference 1st _____ 2nd _____ 3rd _____ Can you rotate shifts? _____ Yes _____ No Expected Pay Rate: _____

Full-Time _____ Part Time (_____ hrs/wk) _____ Temporary: From: _____ to: _____

Due to working with Nursing Homes, Assisted Living, Hospice and private patients and their scheduling, the positions will require flexibility on hours worked. Please consider carefully all of your personal time commitments before responding to the above.

WORK HISTORY**

List your present or most recent employer first. Include military service if among last four jobs. Give dates of unemployment if applicable. You may list Volunteer experience if you do not have paid work experience. (Please list a "V" in the Salary column)

1

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

2

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

3

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

4

Employer	Address	Telephone
Dates of employment From _____ To _____	Job Title	Supervisors Name / Job Title
Final Salary	Reason for Leaving	
Unemployed From _____ To _____	Reason for Unemployment	

_____ All references may be checked, including my present employer.

_____ All but the following _____

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate	Last Diploma or Degree
High School			1 2 3 4		
College			1 2 3 4		
Other (Specify)			1 2 3 4		

LICENSURE**

Complete the following section if the position for which you are applying for requires a license, certification or registration of any kind. List any additional licenses that you may possess as well.

Type of License/Registration	State	Number	Expiration Date

If you do not have required license, have you applied? ___ Yes ___ No If an exam is required, give scheduled date: _____

If not licensed in this state, have you applied for reciprocity? ___ Yes ___ No

Please give us any additional information you feel would be useful to us (include honors received, volunteer or community services, special qualifications, memberships in professional organizations or other information you feel is related to your application for the position for which you are applying.

Please Read Carefully

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

Except as noted otherwise above, I authorize any of the persons or organizations references in this application to give you any and all information concerning my previous employment, character and general reputation, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. The Company completes a background check, 3 year MVR, and drug test on any and all potential employees.

I understand that it is important that I am at work when scheduled and therefore I am responsible to make the necessary transportation arrangement to ensure that I am at work on time and as scheduled.

In the interest of safety and health of our patients and employees, employment is subject to a successful health screening and/or physical if required by law or dictated by the physical demands of the specific job.

I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time. Also, I understand that if hired I will have entered into my employment with the Company voluntarily and that I will be free to resign at any time with or without reason. Similarly, the Company may terminate employment at any time with or without reason.

I agree to conform to the employer's drugs in the workplace policy and agree to submit to initial and any random drug test as required by the employer.

Signature of Applicant

Date