

APPLICATION FOR EMPLOYMENT

TO APPLICANT: Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age, marital status, sexual orientation, disability or national origin. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Administrator of the Facility.

Date of Application: _____

Name: _____
Last First Middle

Address: _____
No. Street City State Zip

Telephone Number: _____ Other Contact Number: _____

If you are under 18 and it is required, can you furnish a work permit: Yes No

Are you a U.S. citizen or legally authorized to work in the United States: Yes No

Position(s) Applied for: _____ Full-Time Part-Time

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime

If part time specify days/hours available _____ Desired Wage: _____

Are you able to meet the attendance requirements of the position: Yes No

Have you ever been employed here before Yes No If yes, give dates: From ___ / ___ / ___ To ___ / ___ / ___

Do you have any relatives or friends who work for the Facility? Yes No

Are you registered with the Family Care Safety Registry? Yes No

Have you ever been convicted of a felony: Yes No If yes, please provide date(s) and details: _____

Answering "yes" to this question does not constitute an automatic bar to employment. The facts of each case will be considered.

If the job requires, do you have the appropriate valid driver's license: Yes No Chauffeur's License Yes No

Education

School Name	City/State	Course of Study	Years Completed	Degree

If your school records are in a different name than above, please enter that name here: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Employment History

Provide the following information of your past and current employers, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	

Comments including explanation of any gaps in employment _____

References

List name and telephone number of three business/work references who are not related to you.

NAME	TELEPHONE	NO. OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to terminate the application process or employment. I expressly authorize, without reservation, the employer and its representatives to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, and/or job interview. I specifically authorize a Criminal Background Check, the Division of Senior Services' Family Care Safety Registry, and Federal Exclusionary List. I hereby, waive any and all rights and claims I may have regarding the employer and its representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration of employment on a basis of sex, marital status, race, age, creed, national origin, or the presence of disabilities.

If I am hired, I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

Do Not Write Below This Line

Summary of Interview _____

Accepted For Employment: Yes No Position: _____ PT FT

Starting Rate \$ _____ per _____. Scheduled to start work: _____

Interviewed By: _____ Approved By: _____

TB Test Administered: _____

License Check: Date: _____ Signature: _____

Criminal Record Check: Date: _____ Signature: _____

Reference Checks: Date: _____ Signature: _____

Nurse Aid Registry Check: Date: _____ Signature: _____

EDL Check (MO only): Date: _____ Signature: _____

E-Verify Check: Date: _____ Signature: _____

OIG Check: Date: _____ Signature: _____

1st TB Test Administered and Read: Date: _____ Signature: _____