

Employment Application

Personal Information				
Name (First, MI, Last):			Today's Date:	
DOB (mm/dd/yy): / /		Social Security number: - -		
List any names that you have been known by, including any former maiden name:				
Street address:				
City		State		Zip
Home Phone Number:			Work Phone Number:	
E-mail Address:				
List all applicable licenses and certification numbers (e.g., nursing license, therapy license, CNA certification)				
Driver's license number:		State		Expiration
Please indicate the days and times you are able to work: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN				
Preferred working hours (shift):			Desired hours (Full-time, Part-time, PRN, Temporary):	
Position applied for:			Facility applied for:	
How did you hear about this position? <input type="checkbox"/> Indeed <input type="checkbox"/> LinkedIn <input type="checkbox"/> Current Employee <input type="checkbox"/> Previous Employee <input type="checkbox"/> School <input type="checkbox"/> Newspaper <input type="checkbox"/> Mailer <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____				
Where you referred by a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of referring employee*:		
Date available to start work:			Are you available to work the following? <i>Weekends</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Holidays</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education				
	Name and Address of School	Course of Study	Degree/ Diploma	Graduation Date
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

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Employer				Start Date		End Date	
Address (Street, City, State, Zip):							
Phone:				Fax:			
Job Positions(s):				Supervisor(s):			
Starting Salary:				Ending Salary:			
				Supervisor's E-mail:			
Reason(s) for Leaving:							
Essential job functions of final position:							
Employer				Start Date		End Date	
Address (Street, City, State, Zip):							
Phone:				Fax:			
Job Positions(s):				Supervisor(s):			
Starting Salary:				Ending Salary:			
				Supervisor's E-mail:			
Reason(s) for Leaving:							
Essential job functions of final position:							
Additional Information							
List any languages other than English that you can are certified in or can demonstrate proficiency in that could be of benefit to the position you are applying for:							
Identify what skills or certification you possess related to this position:							

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Additional Information (continued)			
Have you ever been employed with this company before? <i>If yes, when?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any friends or relatives employed by this company? <i>If yes, please provide their names and relationship to you:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by any of our affiliated facilities? <i>If yes, please check the applicable location below:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sapphire Health Care	<input type="checkbox"/> Colonial Health Care	<input type="checkbox"/> Oakland Living	<input type="checkbox"/> Tranquility SNF MGT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18 years of age, can you provide proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform all the essential job functions of the job for which you are applying with or without reasonable accommodation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a resident of this state for five (5) years or more?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need special accommodations to perform your work duties? <i>If yes, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor? <i>If yes, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever excluded from employment from healthcare companies that participation federal or state programs such as Medicare or Medicaid? Have you ever been on the OIG Office of Inspector General's Exclusionary List? <i>If yes, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Additional Information (continued)			
Have you ever had any findings of abuse, neglect, misappropriation from an employer, state registry, or licensure board? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever had your professional license or certification suspended or revoked? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/a
If driving is a requirement of the position applied for, have you in the last seven (7) years been convicted of a moving violation? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/a
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
References			
List below three (3) persons not related to you who have knowledge of your work performance. Please provide the name of your last Supervisor or recent Supervisor. By providing the information below you are permitting the Company to contact the named references at any time.			
#1 Reference Name:		Position:	
Company Name:		Relationship to Applicant:	
Address:			
Telephone:		E-mail:	
#2 Reference Name:		Position:	
Company Name:		Relationship to Applicant:	
Address:			
Telephone:		E-mail:	
#3 Reference Name:		Position:	
Company Name:		Relationship to Applicant:	
Address:			
Telephone:		E-mail:	

UNDER PENALTY OF PERJURY, I SWEAR THAT ALL INFORMATION PROVIDED IS ACCURATE & TRUE. I HEREBY GIVE PERMISSION TO THE ABOVE TO FURNISH REFERENCE INFORMATION ON ME.

Printed Name _____

Signature/Date _____

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Initial each item below to acknowledge understanding.

<p>(Initial box below)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Complete and Accurate Information</p> <p>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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.</p>
<p>(Initial box below)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>At-Will Employment</p> <p>I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.</p>
<p>(Initial box below)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Investigation Authorization</p> <p>I authorize investigation into all statements and references contained in this application to verify my eligibility for employment. Said investigation may include credit, driving, criminal background, references, Medicare/Medicaid exclusions, sex offender registries, professional licensure and certifications, and any other background checks deemed necessary by the Company. By applying for this job, I also authorize all post-hire investigations into my credit, driving, criminal background, exclusion status, license, registry, and certification history.</p>
<p>(Initial box below)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Company Obligation</p> <p>I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the Company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.</p>

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Printed Name

Signature/Date