



# EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer.  
We comply with all applicable state and federal  
civil rights and equal employment laws and regulations.

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

LAST NAME	FIRST	MIDDLE
PRESENT ADDRESS	CITY	STATE ZIP CODE
PERMANENT ADDRESS	CITY	STATE ZIP CODE

SOCIAL SECURITY NO.

HOME TELEPHONE NO.

CONTACT TELEPHONE NO.

ANY PREVIOUS NAME(S)? YES  NO  IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:

BEST TIME TO CONTACT YOU:

DATE AVAILABLE FOR WORK:

ARE YOU APPLYING FOR:

FULL TIME  PART TIME

REGULAR  TEMPORARY

PERSONAL

POSITION APPLIED FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS FACILITY? \_\_\_\_\_

RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES  NO

NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES  NO  WHEN? \_\_\_\_\_

ARE YOU 18 YRS OF AGE OR OLDER? YES  NO

LONG RANGE OCCUPATIONAL GOALS: \_\_\_\_\_

WOULD YOU CONSIDER WORKING:

WEEKENDS & HOLIDAYS YES  NO

ROTATING SHIFTS YES  NO

ON CALL YES  NO

ANY SHIFT YES  NO

SHIFT PREFERENCE:

DAYS  EVENINGS  NIGHTS

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS)? YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? (Do not complete unless requested) YES  NO  IF YES, EXPLAIN: \_\_\_\_\_

If your answer is "yes" to either of the above, you will not automatically be disqualified from employment consideration, except as required by state or federal law.

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								

OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)

AREA(S) OF SPECIALIZATION OR MAJOR INTEREST: \_\_\_\_\_ TYPING: APPROX. WPM \_\_\_\_\_ SHORTHAND: APPROX. WPM \_\_\_\_\_

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED: \_\_\_\_\_

**PROFESSIONAL LICENSES**

CURRENTLY LICENSED  ELIGIBLE FOR LICENSE  LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?  YES  NO IF YES, EXPLAIN \_\_\_\_\_

CURRENTLY REGISTERED  ELIGIBLE FOR REGISTRATION

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE: \_\_\_\_\_ NO: \_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS**

CURRENTLY CERTIFIED  ELIGIBLE FOR CERTIFICATION

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENTLY LICENSED  ELIGIBLE FOR LICENSE  LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?  YES  NO IF YES, EXPLAIN \_\_\_\_\_

CURRENTLY REGISTERED  ELIGIBLE FOR REGISTRATION

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE: \_\_\_\_\_ NO: \_\_\_\_\_

CURRENTLY CERTIFIED  ELIGIBLE FOR CERTIFICATION

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**LANGUAGE**

**LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED**

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

**PREVIOUS EXPERIENCE**

**PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.**

JOB TITLE: _____	FROM: _____	TO: _____	SUPERVISOR'S NAME: _____	SALARY(Hr/ Mo/Yr): _____
EMPLOYER: _____		PHONE: _____		
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

JOB TITLE: _____	FROM: _____	TO: _____	SUPERVISOR'S NAME: _____	SALARY(Hr/ Mo/Yr): _____
EMPLOYER NAME: _____		PHONE: _____		
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

JOB TITLE: _____	FROM: _____	TO: _____	SUPERVISOR'S NAME: _____	SALARY(Hr/ Mo/Yr): _____
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ADDRESS: _____				
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REASON FOR LEAVING: _____				

JOB TITLE: _____	FROM: _____	TO: _____	SUPERVISOR'S NAME: _____	SALARY(Hr/ Mo/Yr): _____
EMPLOYER NAME: _____		PHONE: _____		
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

**PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:**

\_\_\_\_\_

\_\_\_\_\_

Did you serve in the U.S. Armed Services? Yes  No  What Branch?  
 Have you volunteered your time or services? Yes  No  Where?  
 Briefly describe duties and skills acquired through military or volunteer service: (include dates)

REFERENCES

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE ONLY

TO BE COMPLETED AFTER EMPLOYED		HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SEE COMMENTS BELOW	
REFERENCES CHECKED AND BY WHOM:	REFERENCE #1	DATE	REFERENCE #2	DATE	REFERENCE #3 DATE
PERSONNEL NOTES (these notes are open to inspection --keep information factual)					
IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES <input type="checkbox"/> NO <input type="checkbox"/>			INTERVIEWER'S SIGNATURE		
STARTING DATE	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT		COMPLETION OF EVALUATION PERIOD DATE		APPROVED BY
DEPARTMENT	COST CENTER		SIGNATURE		
POSITION/JOB SITE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		<input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION		
STARTING SALARY/GRADE	DIFFERENTIAL		SHIFT	EMPLOYEE NUMBER	
NOTIFY IN CASE OF EMERGENCY	NAME	RELATIONSHIP	ADDRESS	TELEPHONE	

*St. Joseph's Home*  
950 Linden Street

AUTHORIZATION FOR RELEASE OF REFERENCE

Applicant: PLEASE FILL OUT ONLY IN THE BOX AREA (SSN# and Signature)

I, THE UNDERSIGNED, HEREBY AUTHORIZE MY FORMER EMPLOYER(S) TO RELEASE MY REFERENCE TO ST. JOSEPH'S NURSING HOME.

\_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY (last four digits)

SIGNATURE (INCLUDE MAIDEN NAME)

Sent to: \_\_\_\_\_

Name \_\_\_\_\_, has made an application for a position as \_\_\_\_\_ at the above Home. Any information, which you could give us regarding the above applicant, would be appreciated and will be held in strict confidence. Thank you.

Lynn Crawford \_\_\_\_\_

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*TO BE COMPLETED BY FORMER EMPLOYERS ONLY:*

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job classification \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Relationship with co-workers: \_\_\_\_\_

Would you re-hire this individual:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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