

Application for Employment

Applicant Information

NAME: _____ DATE: _____
Last First MI.

ADDRESS: _____
Street Address Apartment/Unit # City State ZIP Code

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

SSN: _____ DESIRED SALARY: \$ _____
 POSITION APPLIED FOR: _____ WHEN CAN YOU START? _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO IF SO, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN: _____

Education

High School:	Name: _____	Location (City/State): _____	Attended From: _____	To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
College:	Name: _____	Location (City/State): _____	Attended From: _____	To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
Trade or Technical	Name: _____	Location (City/State): _____	Attended From: _____	To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Employment History

Month/Year	Employer's Name and Address	Position	Supervisor's Name/Phone Number	Salary
From:				
	<i>Name</i>			
To:	<i>Street Address City State</i>			

Duties Performed:

Reason for Leaving: _____ May we contact this employer? YES NO

From:				
	<i>Name</i>			
To:	<i>Street Address City State</i>			

Duties Performed:

Reason for Leaving: _____ May we contact this employer? YES NO

From:				
	<i>Name</i>			
To:	<i>Street Address City State</i>			

Duties Performed:

Reason for Leaving: _____ May we contact this employer? YES NO

Please Read the Following and Sign Below

I acknowledge that the facts set forth on this application are true and complete.

I understand that if employed, any false statement or omission on this application or any attachment hereto may result in my termination.

I understand and agree that if the Grace Barker Nursing Center elects to extend to me an offer of employment, that offer will be conditioned upon my successful completion of a physical examination and a drug test. I agree to take such an examination and/or test following my receipt of a conditional offer of employment and understand that the Grace Barker Nursing Center will be responsible for the costs associated with such testing.

I understand and agree that if I become employed by the Grace Barker Nursing Center, that my employment will be "at will", which means that it is for no specified period and may be terminated by me or the Center at any time without prior notice for any reason.

Signature:

Date:
