

CASHMERE CARE CENTER

Application for Employment

This facility's policy is to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other category protected by law.

Personal Information

Today's date _____ Date Available _____

Name _____
 Last First Middle Social Security #
 Address _____
 Street City State Zip Ph #

If you cannot be reached at the above address/phone number, where may we contact you? _____ Ph # _____

Employment Desired		
Type of work desired	Shift	Wage
1st Choice		
2nd Choice		
3rd Choice		

Will you accept employment full time? part time? temporary?
 Are you 18 years of age or Older? Yes No
 Are you employed now? Yes No
 May we contact your present employer? Yes No

How did you hear about us?: _____

Education

Circle the highest grade completed 8 9 10 11 12 13 14 15 16 Scholastic honors? _____

	Name of School	City/State	Courses taken	Completed?	Degree or Certificate received
Grammar					
High School					
College					
Votech					
Professional					
Lab/Xray					

Can you perform all of the essential functions of the position for which you are applying, with or without reasonable accommodation? (If you do not understand the essential functions, please ask the interviewer to provide you with a job description or to describe them in detail to you) Yes No If No, explain: _____

Extracurricular Activities while in School _____

Professional organizations _____

Other qualifications or special skills that pertain to the position you are applying for: _____

Were you in the Armed Forces Yes No If Yes, What branch? _____

Dates of Duty _____ Rank at Discharge _____
 From To
 Month Day Year Month Day Year

Professional Licenses and/or Certifications				
Type	Organization or State Issued	Date Issued	Number	Verified?

Employment History (List present employer first)			
Present and Former Employers	Date	Salary Range	Position & Duties
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
May we contact you current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After accepting job offer			
Reason for leaving/wanting to leave?			

Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			

Conduct

Do you have a record of founded child or dependent adult abuse or have you been convicted of a crime in this state or in any other state?
 Yes No If Yes, please explain. _____

Have ever been counseled or disciplined for:

Attendance Yes No Resident/Patient abuse and/or neglect Yes No
Tardiness Yes No Work Performance Yes No

Are you now or have you ever been the subject to an investigation by any licensure or certification board or other similar agency? Yes No
If yes, describe the nature of each investigation, the agency involved, any case or file numbers and the outcome of each investigation _____

Have you ever been denied a license or certification or has any license or certification you have held been suspended or revoked? Yes No
if yes, describe the date(s) of each suspension or revocation, the reasons for suspension or revocation, any case or file numbers and the current status of the particular license or certification. _____

Employment Understanding

I certify that the information contained in this application is true and complete; any falsification, misrepresentation or omission on the application may result in not being hired or being discharged.

I authorize my current and previous employers and educational institutions, any law enforcement or other governmental agencies, and any references to release any information to the facility, that it deems necessary to evaluate my application for employment, unless the release of such information is prohibited by law. I understand that such information will not be disclosed to me, except as required by law. I release the facility and all other organizations and individuals from liability in connection with the release and use of such information.

I understand that any offer of employment to me is contingent upon this facilities decision within its sole discretion that the results of my criminal background check, drug screen and/or other reference and credential checks are satisfactory.

I understand that the at-will nature of my employment can only be modified through written employment agreement signed by the company president and by me. I understand that no other member of the company's management staff has the authority to make written or oral promises and guarantees of employment that would alter my at-will employment results.

A photostatic copy of this authorization and release may be accepted in lieu of the original.

Signature _____ Date _____

Applicants Name _____

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check

Individual Contacted	Company	Results of Check

H/R Department-Business Office Use

Hired Yes NO _____ For what department _____ Position _____

Salary or starting hourly wage _____ Hourly _____ Monthly _____ Yearly Starting Date _____

Specific issues or instructions to HR department _____
