

Application for Employment

Applicants receive consideration for employment without regard to race, national origin, creed or religion, sex, marital status, age or disability. We encourage the employment of our Veterans and United States Armed Forces.

Job applicants will be considered active for a period of two months. If you wish to be considered for employment after two months, you must reapply. Please read and complete all sections carefully before signing. False statements on this application shall be considered sufficient cause for rejection during the hiring process or termination.

Please Print or Type

General Information

Name _____ Alias _____
Last First Middle Maiden name or other name worked under

Telephone Number _____ Message Telephone Number _____ Social Security Number _____

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Number of years at present address: _____ How long at previous address: _____

Have you been convicted of any felony, or any offense involving drugs/narcotics, theft or inflicting bodily injury? _____ Yes _____ No

If yes, explain fully: _____

Have you ever been excluded from participating in federally funded programs? _____ Yes _____ No

Are you currently the focus of an investigation, which could result in exclusion from federally funded programs? _____ Yes _____ No

If yes to either of the above questions, explain fully: _____

If your former employment, education or military service is under a name other than indicated above, please list: _____

If under 18, do you have a work permit? _____ Yes _____ No Do you have the legal right to work in the U.S.? _____ Yes _____ No

Have you served in the military? _____ Yes _____ No If not a U.S. citizen, Alien Reg. No. _____

Have you ever been bonded? _____ Yes _____ No If yes, where? _____

How were you referred to us? _____

List any friends or relatives working here: _____

Have you worked for this facility before? _____ Yes _____ No If yes, when _____

Position held: _____ Reason for leaving: _____

Do you have any commitments to another employer, which might affect your employment with us? _____ Yes _____ No

If yes, explain fully: _____

Work Desired

Position desired: 1st _____ 2nd _____ 3rd _____ Date you can start work: _____

Shift preference: 1st _____ 2nd _____ 3rd _____ Can you rotate shifts? _____ Yes _____ No Expected pay rate: _____

Full-time (_____ hrs/wk) Part-time (_____ hrs/wk) Temporary: From _____ To _____

Scheduling: Each nursing facility must be adequately staffed 7 days a week, 24 hours a day to maintain quality patient care. Work schedules are varied and require some flexibility. Please consider carefully all of your personal time commitments before responding to the above.

Work History

List your present or most recent employer first. Include military service if among last four jobs. Give dates of unemployment if applicable. You may list volunteer experience if you do not have paid work experience for four employers (Write "V" in salary column).

1 Employer: _____ Address: _____ Telephone: _____

Dates Employed: From _____ To _____ Job Title: _____ Supervisor's Name/Job Title: _____

Final Salary: _____ Reason for leaving: _____

Unemployed: From _____ To _____ Reason: _____

2 Employer: _____ Address: _____ Telephone: _____

Dates Employed: From _____ To _____ Job Title: _____ Supervisor's Name/Job Title: _____

Final Salary: _____ Reason for leaving: _____

Unemployed: From _____ To _____ Reason: _____

3 Employer: _____ Address: _____ Telephone: _____

Dates Employed: From _____ To _____ Job Title: _____ Supervisor's Name/Job Title: _____

Final Salary: _____ Reason for leaving: _____

Unemployed: From _____ To _____ Reason: _____

_____ All references may be checked, including my present employer

_____ All but the following: _____

4 Employer: _____ Address: _____ Telephone: _____

Dates Employed: From _____ To _____ Job Title: _____ Supervisor's Name/Job Title: _____

Final Salary: _____ Reason for leaving: _____

Unemployed: From _____ To _____ Reason: _____

_____ All references may be checked, including my present employer

_____ All but the following: _____

Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High School			1 2 3 4		
College			1 2 3 4		
Other (Specify)			1 2 3 4		

Licensure

Complete the following section if the position for which you are applying requires a license, certification or registration of any kind.

Type of License/Registration	State	Number	Expiration Date

If you do not have required license, have you applied? ____ Yes ____ No If an exam is required, give scheduled date: _____

If not licensed in this state, have you applied for reciprocity? _____ Yes _____ No

Please give us any additional information you feel would be useful to us (include honors received, volunteer or community services, special qualifications, memberships in professional organizations or other information you feel is related to your application for the position for which you are applying.

Please Read Carefully

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

Except as noted otherwise above, I authorize any of the persons or organizations references in this application to give you any and all information concerning my previous employment, character and general reputation, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. The Company completes a background check on all potential employees.

I understand that no representative of the institution has any authority to enter into any agreement for employment for any specified period of time. Also, I understand that if hired I will have entered into my employment with the health care center voluntarily and that I will be free to resign at any time with or without reason. Similarly, the health care center may terminate employment at any time with or without reason.

I agree to conform to the employer’s drugs-in-the-workplace policy and agree to submit to drug test as required by the Employer.

Signature of Applicant

Date

AUTHORIZATION TO CHECK REFERENCES

APPLICANT: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

In accordance with my application for employment with The Carrington, I hereby authorize The Carrington to conduct any investigation or inquiry it feels is necessary into my past and present employment. I hereby authorize my past and present employers to release any and all employment information to The Carrington and to cooperate and assist The Carrington in its investigation. I hereby request that such employer answers any and all questions submitted to such employer by The Carrington and I waive my right of access to such information.

Applicant's Signature

Date of Application