

Application for Employment

The Facility is an Equal Opportunity Employer. All employment decisions are made without regard to unlawful considerations of race, sex, sexual orientation, gender identity, religion, national origin, age, disability, genetic information, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

Personal Information

Date _____ Name _____
Last First Middle

Address _____
Street City State Zip

Cell Phone: (____) _____ - _____ Home: (____) _____ - _____ Email: _____

Are you at least 18 years of age? Yes No If no, can you furnish a valid work permit? Yes No

Personal Information

Position applied for: _____

Type of employment desired: Full-Time Part-Time Temporary On Call

Are there any hours, shifts, or days you cannot or will not work? _____
Please indicate specific days and/or hours

Are you willing to work overtime as required? Yes No

Have you ever been employed with the Facility in the past? Yes No

Are you related to anyone employed at this Facility? Yes No

If so, whom? _____

If offered employment with the Facility, will you be able to provide documentation that you are a citizen, national, lawful permanent resident or alien authorized to work in the United States? Yes No (As a condition of employment, successful candidates must provide written documentation to prove either citizenship or proper authorization to work in the United States. Specific instructions will be provided prior to your first day of employment regarding legally required documentation.)

Have you ever been convicted of a felony? Yes No (**Do not respond concerning the following:** arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion programs; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.)

If yes, what was (were) the offense(s)? _____

Date(s) and place(s) of conviction: _____

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

Licensure/Certification

Do you currently hold a valid professional license or certification? Yes No

If yes, note type(s): Registered Nurse LVN CNA PT ST OT

State: AZ CA UT Number: _____ Expiration Date: _____

Education, Training and Experience

School	Name, City, State, Country	How many years completed (select box)	Major	Diploma / Degree
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Degree
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Degree
Graduate School, Technical Trade School, other		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree

Employment History

List present and past employment, including military experience, starting with most recent employer. Account for all periods of unemployment. You must complete this section even if submitting a resume.

Most Recent Employer		Address	
Telephone			
Name of Supervisor		Positions Held	Reasons for Leaving
Date Started	Date Left	Ending Salary: \$/per	Starting Salary: \$/per
Previous Employer		Address	
Telephone			
Name of Supervisor		Positions Held	Reasons for Leaving
Date Started	Date Left	Ending Salary: \$/per	Starting Salary: \$/per
Previous Employer		Address	
Telephone			
Name of Supervisor		Positions Held	Reasons for Leaving
Date Started	Date Left	Ending Salary: \$/per	Starting Salary: \$/per

References

List three persons not related to you who have knowledge of your work performance within the past three years.

Name	Telephone Number	Occupation	# of Years Acquainted
1.			
2.			
3.			

Applicant's Certification and Agreement

I understand and agree that nothing contained in this application packet or in the hiring process is intended to create an employment contract. I understand that no representation, whether oral or written, by any representative or agent of the Facility, at any time, can constitute an implied or express contract of employment. If I am offered and accept employment, I agree to abide by the Facilities policies and procedures and employee handbook. IF HIRED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WILL BE AT-WILL AND MAY BE TERMINATED AT THE OPTION OF EITHER THE FACILITY OR MYSELF, AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE. In connection with this at-will policy, I understand that the Facility reserves the right to alter my position and to impose any form of discipline it determines is appropriate, at any time, at its sole discretion. I further understand that the at will employment relationship cannot be altered unless it is done specifically, in writing, and signed by the President of the Company.

I understand and agree that I must meet all the physical standards established by the Facility to perform the essential functions of any job for which I am offered employment. I understand that if offered employment I am required to complete a Post-offer, Pre-employment Health Questionnaire. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job. The Facility reserves the right to conduct searches on Facility property or of the Facility's property, vehicles and/or equipment at any time. I further understand that if I refuse to submit to a Facility search I may be terminated.

By signing below, I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give the Facility permission to contact any or all of my previous employers and references for full information and hereby release it from any and all liability for doing so:

Applicant's Signature

Date

Print Full Legal Name

Date

Equal Employment Opportunity Data

SECTION A: To Be Completed by Applicant

Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

Name: _____

Gender: Male Female

Race/Ethnicity: (Please choose only one. For detail descriptions, see reverse.)

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Hispanic or Latino
- Two or more races

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

SECTION B: To Be Completed by Employer

(Please choose only one. For detailed descriptions, see reverse.)

EE0-1 Category:

- | | |
|---|---|
| <input type="checkbox"/> 1a. Officials and managers-Exec & Senior Level | |
| <input type="checkbox"/> 1b. Officials and managers-First/Mid=Level | |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 6. Crafts |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 7. Operatives |
| <input type="checkbox"/> 4. Sales | <input type="checkbox"/> 8. Laborers |
| <input type="checkbox"/> 5. Office and clerical | <input type="checkbox"/> 9. Service workers |

Employer Information completed by:

Name (must be legible)

Date

USE TO COMPLETE SECTION A

American Indian or Alaskan Native. A person having origins in any of the original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, and Vietnam.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American. A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

White. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

Two or more races. A person of two or more races who does not identify with one race in particular.

USE TO COMPLETE SECTION B

1. Official and Managers
 - 1a. Administrator, Director of Nursing
 - 1b. Marketing, Business Office Manager, Facility Rehab Director, Activity Director
2. Professionals (RN)
Registered Nurses, Dietician, Social Worker, Therapist (including PT, OT, RT, Speech), Asst. Director of Nursing (ADON)** (if RN), MDS Coordinator**(if RN), Case Manager (if RN)
3. Technician (LVN/LPN)
Licensed Practical or Vocational Nurses, MDS Coordinator**(if LVN/LPN), MDS asst.** (if LVN/LPN), Case Manager (if LVN/LPN)**, DSD**(if LVN/LPN)
Medical Records, Asst. Director of Nursing (ADON)**(if LVN/LPN) COTA, PT Asst
4. Sales
None
5. Office and Clerical (Administrative Worker)
Payroll, Accounts Payable, Accounts Receivable, Receptionist, Central Supply, Admissions, Business Office Asst. Social Service asst., File Clerks, Staff Developer Asst**(if unlicensed), MDS asst (if unlicensed)**
6. Crafts
Maintenance Workers, Maintenance Director
7. Operatives
Laundry Supervisor, Laundry worker
8. Laborers
None
9. Service Workers
Certified Nursing Assistant, Housekeeping, Dietary, Dietary Supervisor, Activities, Janitors, Patient Care Coordinator, Transportation Attendants, Residential Advisors, Ward Clerk

Affirmative Action Data

Government agencies require reports on the status of applicants. This data is for analysis and affirmative action only. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment. Please complete the information below to assist us in complying with Equal Opportunity Affirmative Action recordkeeping and reporting requirements. This Information Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, genetic information, age, marital status, medical condition or disability.

Date: _____

Name: _____

Position applied for: _____

Gender: Male Female

Race/Ethnic Groups

- White
- Black
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native

Please identify where you learned about an employment opportunity with this organization.

- Newspaper ad
 - Employee referral
 - Walk In
 - Recruiter
 - Tech school/college
 - Temporary service
 - Internet Applicant
 - State Employment Service
 - Other
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