



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and will consider all applicants for all positions equally. Our company is dedicated to a policy of nondiscrimination and will consider all applicants for all positions equally without regard to race, color, sex, sexual orientation, marital status, religion, veteran status, genetic information, age, citizenship status, or any disability as defined in the Americans with Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Any person needing reasonable accommodation in the application process should contact the Human Resource Manager.

APPLICANT INFORMATION							
Last Name:		First:		M.I.:		Date:	
Present Address:				Apartment/Unit #			
City:			State:			ZIP :	
Phone:			Message Phone:				
Email Address:				Emergency Contact, Name and Number:			
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	Driver's License Number:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you are hired can you provide proof that you are authorized to work in the US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

DESIRED POSITION							
<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary or seasonal employment				How many hours/week?			
Position:			Salary /wage:			Hire Date:	
Shift you work:	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night				
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is there any type of work which you will not perform?				

EDUCATION							
High School:				Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:		
College:				Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Please list any licenses or certificates that are job related:							

PREVIOUS EMPLOYMENT

Company:		Supervisor:	
Address:		Phone: ()	
Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:			
Responsibilities:			
From:	To:	From:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Supervisor:	
Address:		Phone: ()	
Job Title:			
Responsibilities:			
From:	To:	Reason for Leaving:	
If you worked in any of your previous positions under another name, please give that name(s):		May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
How many days of work or school have you missed in the last two years?		Type of Discharge:	
Have you ever been fired, or asked to resign from a job? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	

MILITARY SERVICE

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
Training, duties, or experience:					

REFERENCES

Please list three professional references.

Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and without any consequential omissions of any kind. I understand that if I am employed, any false misleading or otherwise incorrect statements made on this application form or during any interviews will be cause for my immediate dismissal.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy, or any other reason because of their statements.

If employed by Healthcare at Foster Creek, I agree to comply with its rules and regulations. I understand that once employed by this facility I will be on a 90 day probation period. I further understand that if I am employed, this company also reserves the right to subject me to a drug and alcohol testing to the extent required or permitted by applicable law. I understand that if hired, I will be an "at will" employee and agree that the employment relationship can be terminated at any time and for any reason by me or this company.

Signature		Date	
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