



# APPLICATION FOR EMPLOYMENT

*WE ARE AN EQUAL OPPORTUNITY EMPLOYER*

PLEASE PRINT CLEARLY

<b>Position applied for:</b>	Subacute [ ]	Skilled Nursing [ ]	Professional Staff [ ]	<b>Date (MM/DD/YY) :</b>
<b>Last Name</b>	<b>First Name</b>		<b>Middle Initial</b>	
<b>Street Address (Include Apt. #)</b>			<b>City &amp; State</b>	<b>Zip Code</b>
<b>Phone Number &amp; Email Address</b>		<b>Emergency Contact: Name &amp; Phone Number</b>		<b>Social Security #</b>
Phone:				- -
Email:				

• Are you currently employed?	[ ] Yes	[ ] No
• May we contact your current employer?	[ ] Yes	[ ] No
• Have you ever filed an application or worked with us before?	[ ] Yes	[ ] No
○ If YES, please briefly explain and provide the date: _____		
_____		
• Do you have friends or family or a significant other working with us?	[ ] Yes	[ ] No
• Can you provide Proof of your Eligibility to work in the United States	[ ] Yes	[ ] No

**Please indicate your preferred schedule:** [ ] Full Time [ ] Part Time [ ] Per Diem [ ] Temporary  
 [ ] 7am -3pm [ ] 3pm – 11am [ ] 11am – 7am [ ] Weekends Only

**Date Available to Begin work:** DD/MM/YY \_\_\_\_\_ **Desired Salary Range \$** \_\_\_\_\_ -- \_\_\_\_\_ / Hour

<p><b>Please provide any additional information regarding your skills, special job-related qualifications, or relevant information regarding any restrictions to your work status, professional license.</b></p> <hr/> <hr/>
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<b>***Licensed Staff Only***</b>	
<b>Please provide your License Number: #</b> _____	<b>Active Status:</b> [ ] Yes [ ] No

## EDUCATION HISTORY

School Name	Location (City, State)	Years Attended	Area of Study	Graduated?
High School				
Community College / Nursing School				
University				
Graduate School				

## WORK EXPERIENCE

*Please Provide Relevant Employment Information. Most Recent Information First*

Company Name	Position Worked	Start Date:
Supervisor Name	Contact Information	End Date:
Primary Responsibilities		May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It's Complicated

Company Name	Position Worked	Start Date:
Supervisor Name	Contact Information	End Date:
Primary Responsibilities		May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It's Complicated

Company Name	Position Worked	Start Date:
Supervisor Name	Contact Information	End Date:
Primary Responsibilities		May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It's Complicated

### Applicant's Statement

*I certify that the information included in this application is true and accurate to the best of my ability. I authorize the investigation of all statements contained herein, employment history, work eligibility, and background check information. I understand that any potential employment is "at will" meaning the relationship may be terminated by either party at any time.*

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Notification and Authorization:

### *Release of Criminal Background Check Information for Pre-Employment Screening Purposes*

#### **Notification:**

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following:

- Criminal History reference searches for Felony and Misdemeanor convictions at the county and federal levels of every jurisdiction in which I currently reside, or where I have resided during the past 7 years.
- Office of Inspector General 'Exclusions Database'
- Sex offender registry searches at the County and Federal levels in jurisdictions in which I have previously resided or am currently residing.

#### **Authorization:**

I hereby authorize HIGHLAND HEALTHCARE – CAMELIIA GARDENS CARE CENTER to conduct the background checks described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist HIGHLAND HEALTHCARE – CAMELIIA GARDENS CARE CENTER in collecting this information. I also authorize the potential use of any third party vendor (consumer reporting agency) to assist HIGHLAND HEALTHCARE – CAMELIIA GARDENS CARE CENTER.

#### **Acknowledgement:**

I acknowledge that any records of arrests on pending charges and/or convictions are not an absolute bar to employment. My information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for HIGHLAND HEALTHCARE – CAMELIIA GARDENS CARE CENTER patients, employees, and other community members and stakeholders.

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Name

Any other Names you have used in the last 7 years: \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_  
Position Name Department

**Current Address:** \_\_\_\_\_  
Street Address City State Zip

Previous Address (Most Recent) \_\_\_\_\_  
Street Address City State Zip

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_