

Sunnyview Nursing Home and Apartments

APPLICATION FOR EMPLOYMENT

Applicants for employment will receive consideration without discrimination because of race, color, religion sex, national origin, or other protected category.

(Company Use only)			
Position _____	Shift _____	Salary _____	FCSR _____

Last Name	First	Middle	Today's Date
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Street Address	Phone:	Alternate Phone:
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City, State, Zip	Are you legally entitled to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
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Have you ever applied for employment with us? Yes No If yes give date:

Position(s) Desired:	Circle all applicable: Full Time Part Time Temporary
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Desired Salary:	Are you 18 yrs of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date you would be available:
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Circle days of the week you can work: M T W Th F Sat Sun

Can you work days? Yes No Can you work nights? Yes No

Can you work evenings? Yes No Can you work weekends? Yes No

Under certain circumstances you maybe requested to work a shift other than the shift you have applied for or are hired for.

List any relatives presently working at Sunnyview Nursing Home:	How did you hear about us?
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Have you ever worked for Sunnyview Nursing Home and Apts? Yes No If yes give date:

School	Name/Location of School	Course of Study	Years Completed	Did you Graduate?	Degree/Diploma Certificates Held
College					
Business/Trade Technical					
High School					
Elementary Middle School					

Have you ever been convicted of a crime? If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. Yes No

Previous Names used for employment:

EMPLOYMENT HISTORY	Provide a 5 year history starting with most recent employment. May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Telephone
Address	Date employed From To
Name of Supervisor	Salary Info: Start Last
List the Job Title(s), duties performed, skills used or learned, and advancements while you worked at this company. Use additional sheet of paper if necessary:	Reason for leaving (be specific):

Company Name	Telephone		
Address	Date employed	From	To
Name of Supervisor	Salary Info:	Start	Last
List the Job Title(s), duties performed, skills used or learned, and advancements while you worked at this company. Use additional sheet of paper if necessary:		Reason for leaving (be specific):	

Company Name	Telephone		
Address	Date employed	From	To
Name of Supervisor	Salary Info:	Start	Last
List the Job Title(s), duties performed, skills used or learned, and advancements while you worked at this company. Use additional sheet of paper if necessary:		Reason for leaving (be specific):	

Company Name	Telephone		
Address	Date employed	From	To
Name of Supervisor	Salary Info:	Start	Last
List the Job Title(s), duties performed, skills used or learned, and advancements while you worked at this company. Use additional sheet of paper if necessary:		Reason for leaving (be specific):	

Other skills/knowledge you feel qualifies you for this position:

Personal References		
Give name, address and telephone number of three references who are not related to you and are not previous employers.		
Name and Occupation	Address	Phone Number

PLEASE READ CAREFULLY BEFORE SIGNING

I understand Sunnyview Nursing Home and Apartments is an Equal Employment Opportunity employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

I also understand that the company has a Drug and Alcohol Policy that provides for testing prior to employment and during employment and my consent to and compliance with such policy is a condition of my employment. Continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may also be based on the successful passing of job-related physical examinations.

I authorize a thorough investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and agree to cooperate in such investigation. I understand that this application is not intended to be a contract of employment. I further understand a background check is completed prior to employment and findings may result in dismissal and rejection of this application.

I understand that misrepresentation or omission of facts called for may result in dismissal and rejection of this application. I authorize the investigation of all matters contained in this application and hereby give the company permission to contact schools, previous employers, and references and hereby release the company and any former employers, educational institutions, and any other person(s) giving references from liability for the exchange of this information as a result of such contact.

I agree that my employment and compensation at Sunnyview Nursing Home and Apartments is 'At Will' and there exists no guarantee of continued employment, either expressed or implied. I understand that under certain circumstances I maybe requested to work a shift other than the one I am hired for, and I agree to accommodate the company's changing needs. I have the right to terminate my employment at any time without limitation or condition and, of course, the company retains the same.

If employed, I agree to complete an Employment Verification Form (I-9) to show satisfactory evidence of identity and eligibility for employment.

I certify that I have read, understand, and agree to the above. I also certify that all of the information in this application is complete and accurate.

Signature of Applicant: _____ Date ____ / ____ / ____