

# Employment Application

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	Date:
Street Address:			Apt/Unit #
City:	State:	Zip:	
Phone:	Email:		
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	Other name(s) previously used:		
Date Available:	Desired Salary:	SSN #	
Position Applying for:			
Days available to work: No Pref <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>		Hours: <input type="checkbox"/> 6a-2p <input type="checkbox"/> 2p-10p <input type="checkbox"/> 10p-6a	
Employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Full or Part time <input type="checkbox"/> PRN			
Have you ever been involuntarily terminated from a position of employment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Were you referred by a current employee? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who?			
EDUCATION			
High School:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	
College:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	
Other:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:	
License/Certification:	Date Issued:	Date Expires:	
Have you received discipline or restrictions on your license in the past 10 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: _____ _____			
REFERENCES			
<i>Please list two <u>professional</u> references</i>			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address			

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EMPLOYMENT HISTORY			
<i>Please list the last three previous positions held</i>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From <input style="width: 60px;" type="text"/>	To <input style="width: 60px;" type="text"/>	Reason for leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From <input style="width: 60px;" type="text"/>	To <input style="width: 60px;" type="text"/>	Reason for leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From <input style="width: 60px;" type="text"/>	To <input style="width: 60px;" type="text"/>	Reason for leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DISCLAIMER AND SIGNATURE			
<p>I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal.</p> <p>I understand that final approval for employment is subject to my meeting nursing home health standards and all applicable requirements for employment. I understand that it is my responsibility to keep the facility informed concerning changes in my availability to work.</p> <p>I understand that all such information is subject to verification by the Company, and hereby give my consent to the Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I agree to undergo any type of drug and/or alcohol testing that the Company may require at any time.</p> <p>Azle Manor Healthcare &amp; Rehabilitation has a Dispute Resolution Plan, which is incorporated herein. This plan is required and is the exclusive way for applicants, employees, and the facility to resolve all disputes. I agree to resolve any dispute between the facility and me arising out of this application or, if the facility hires me, out of my employment, through Dispute Resolution Plan, which includes binding arbitration as a final step.</p> <p>Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or the Company may terminate my employment at any time, with or without notice or reason.</p>			

Signature:	Date:
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