

# Employment Application

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

This company considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This facility is a smoke-free and drug-free workplace. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, OR IF YOU NEED AN ACCOMMODATION WITH RESPECT TO ANY OTHER ASPECT OF THE APPLICATION PROCESS, PLEASE MAKE YOUR REQUEST KNOWN IMMEDIATELY.

## PERSONAL INFORMATION

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>	<b>Alternate Phone Number:</b>	<b>E-mail address (optional):</b>	
<b>Indicate other names you used at companies or schools, if different from above:</b>			
Name:	Company/School:		
Name:	Company/School:		

## TYPE OF EMPLOYMENT DESIRED

<b>Position(s) Applying For:</b>				
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> PRN/Casual	<input type="checkbox"/> Weekend Option
<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> Holidays/Weekends
<b>Minimum Pay Acceptable: \$ _____ (Hourly/Salary)</b>			<b>Date Available: _____</b>	

<b>How Did You Learn About Us? (check all that apply)</b>				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee Referral (Employee Name): _____	
<input type="checkbox"/> Relative	<input type="checkbox"/> Internet	<input type="checkbox"/> Job Fair	<input type="checkbox"/> School/Clinical	
<input type="checkbox"/> Internship	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Other (please specify): _____	

## OTHER PERTINENT DATA

<b>If you are under 18 years of age, can you provide required proof of your eligibility to work?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you legally authorized to work in the United States?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever <u>applied</u> to a facility associated with Sooner, CompleteCare, TenderCare or Innovative Capital Management (ICM) before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Where? _____ When? _____		
<b>Have you ever <u>worked</u> for a facility associated with ICM, Sooner, CompleteCare or TenderCare before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Where? _____ When? _____ What Position? _____		
<b>Do you have any relatives currently working for a company associated with ICM, Sooner, CompleteCare or TenderCare?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what are their names? _____ Relationship(s)? _____		
<b>Have you ever been convicted of health care fraud or abuse, or any crime relating to the mistreatment of a patient, client, or resident?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain and give date(s) of conviction(s) _____		
<b>Have you ever been convicted of any other type of crime, or entered a plea of guilty or no contest to a crime?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give dates and details: _____		
<i>(Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of violation, rehabilitation and position applied for will be considered.)</i>		

**EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY (begin with most recent position)**

*A resume may be attached, but will not be accepted in place of any information required on this form.*

**Please account for all your time during the past ten years, including jobs, volunteer work, schooling, unemployment, self-employment, military service, etc. (Use additional paper if necessary to provide more information.)**

=====  
Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

=====  
Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

=====  
Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

=====  
Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

### EDUCATION

	School Name, City and State	Years Completed	Did you Graduate?	Type of Diploma/Degree
GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	

### LICENSE/CERTIFICATION/REGISTRATION

<b>Do you have a current valid Health Care License, Registration, or Certificate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate type _____ Number _____ Expiration Date _____ State Issued _____	
<b>Are there any current restrictions on your license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain _____	

### DRIVING RECORD

*This section should be completed only if you are applying for a position which requires driving.*

<b>Do you have a current driver's license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate driver's license number: _____ State Issued: _____	
<b>Are there any current restrictions on your driver's license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate restrictions: _____	
<b>Have you been found guilty of a moving violation in the past five years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate when: _____	
<b>Do you have automobile liability insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate where: _____	

### PROFESSIONAL & PERSONAL REFERENCES

It is our policy to check a minimum of 2 supervisory references. The supervisory references do not need to be current supervisors but must be willing to talk about your job skills. We may also verify dates of employment at past employers.

Please also ensure that the references you list will be able to speak to us about your employment history as only obtaining on and off payroll dates will not be sufficient information to compete the application process and may prevent your candidacy from moving forward.

Name & Occupation of Professional Reference	Address	Telephone Number ( )	Years Known	Job Title
Name & Occupation of Professional Reference	Address	Telephone Number ( )	Years Known	Job Title
Name & Occupation of Professional Reference	Address	Telephone Number ( )	Years Known	Job Title
Name & Occupation of Professional Reference	Address	Telephone Number ( )	Years Known	Job Title
Name & Occupation of Professional Reference	Address	Telephone Number ( )	Years Known	Job Title

## CERTIFICATE OF APPLICATION

(Please read carefully)

I certify that all information submitted by me on this application is true and complete, and I understand that any false statements or omissions shall be sufficient cause for denial of employment or dismissal, regardless of time of discovery by this facility.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my **employment is at-will** and can be terminated at any time, with or without notice, for any reason. I also understand that while personnel policies, programs, and procedures may, out of necessity change from time to time, such **at-will** status is not subject to change absent a written agreement signed by the President of this facility or a designated authorized representative. This facility reserves and retains the right to make changes in terms and conditions of my employment as the employer determines to be appropriate. I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this facility.

I also understand and agree that this facility supports the **Drug Free Workplace** concept and as such may require me to submit to a drug test as a condition of employment or continued employment. These drug tests may be administered at any time. Refusal to submit to any drug test or falsification of samples for such tests will disqualify me as an applicant or will result in immediate termination of employment.

I understand that any offer of employment is contingent upon satisfactory completion of a job related post-offer medical examination.

I understand that my employment is at-will, and that either party is free to terminate the employment relationship at any time with or without notice for any reason or no reason at all. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

### **AUTHORIZATION TO MAKE CONTACT AND HOLD HARMLESS:**

I hereby acknowledge notification, in compliance with the Fair Credit Reporting Act, and do authorize this facility to make such investigations of my personal, employment, financial, or other related matters as deemed necessary. I hereby release this facility and all present and former employers, schools, businesses, agencies and/or individuals contacted in connection with this application from any and all liability and indemnify and hold harmless all such parties for any and all disclosures made to or by them in good faith relating to my employment.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT:**

**I certify that I have read, fully understand and accept all terms of the foregoing statements.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_  
  First  Middle  Last