Employment ApplicationDate:

This company considers applicants for a age, disability, marital or veteran statu smoke-free and drug-free workplace. IF YOU NEED AN ACCOMMODATION PROCESS, PLEASE MAKE YOUR RE	s, sexual orientation, or YOU NEED ASSISTA N WITH RESPECT TO	any other legally protection of the NCE IN COMPLETING ONLY OTHER ASPECT	cted status. This facility is a THIS APPLICATION, OR IF
	PERSONAL INFO	RMATION	
Last Name:	First Name:	Mid	ldle Name:
Street Address:	City:	State:	Zip Code:
Phone Number: Alternate Phone	e Number: E-mail	address (optional):	
Indicate other names you used at company Name: Name:	ies or schools, if different Company Company	/School:	
	TYPE OF EMPLOYM	ENT DESIRED	
Position(s) Applying For:			
☐ Full-Time☐ Days☐ Evenings	☐ Temporary☐ Nights		□ Weekend Option□ Holidays/Weekends
Minimum Pay Acceptable: \$	(Hourly/Salary	Date Availab	le:
☐ Relative ☐ Internet ☐ Jo			
	OTHER PERTIN	ENT DATA	
If you are under 18 years of age, can you pare you legally authorized to work in the Have you ever applied to a facility associa Management (ICM)) before? If Yes, Where?	United States?		☐ Yes ☐ No ☐ Yes ☐ No ☐ Capital ☐ Yes ☐ No
Have you ever worked for a facility associ	ated with ICM, Complet		ore?
Do you have any relatives currently works or TenderCare? If Yes, what are their names?	ing for a company associa	Relationship(s)?	are □ Yes □ No
Have you ever been convicted of health ca mistreatment of a patient, client, or resi If Yes, please explain and give date(s) of or	ident? conviction(s)		□ Yes □ No
Have you ever been convicted of any other contest to a crime? If Yes, give dates and details:			□ Yes □ No
, , ,	-	an automatic rejection for emplo tion and position applied for will l	•

Angels App 9.15.09

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/	/	Position(s) Held_
Employer Name:		Address:	
	Supervisor:		Title:
Responsibilities:			
Starting Salary and Title:		Ending Salary and	Title:
May we contact this emplo	yer for a reference?	.=========	
Dates of Employment:	From/ To	//	Position(s) Held_
• •			
	Supervisor:		Title:
	•		
Starting Salary and Title:		Ending Salary and	Title:
_	yer for a reference? ☐ Yes ☐ No		
Dates of Employment: Employer Name:	From// To		Position(s) Held_
Phone: ()	Supervisor:		Title:
Responsibilities:			
Starting Salary and Title:		Ending Salary and	Title:
Reason for Leaving:			
May we contact this emplo	yer for a reference?		
Dates of Employment: Employer Name:	From/ To		Position(s) Held
Phone: ()	Supervisor:		Title:
Responsibilities:	•		
Starting Salary and Title:		Ending Salary and	Title:
Reason for Leaving:			
May we contact this emplo	yer for a reference? ☐ Yes ☐ No		

			EDUCATION			
		School Nam	ne, City and State	Years Completed	Did you Graduate?	Type of Diploma/Degree
GED					☐ Yes ☐ No	
High School					☐ Yes ☐ No	
College/University					□ Yes □ No	
Trade, Business or Correspondence School					Date:	
School					Date:	
Do you have a curr	rent vali	d Health Care Lie	NSE/CERTIFICATION/F cense, Registration, or Cert	ificate	□ Yes □ No	
Are there any curr If yes, Explain	ype ent resti	rictions on your li	Number Ex	piration Date	State Issued	
7	his sectio	on should be com	DRIVING RECO pleted only if you are applyin		hich requires drivir	10
Do you have a curi	rent driv	er's license?	seeced only if you are applying		☐ Yes	□ No
Are there any curr If Yes, indicate rest		rictions on your d	river's license:		□ Yes	□ No
Have you been fou If Yes, indicate whe		y of a moving viol	ation in the past five years?	1	□ Yes	□ No
Do you have auton If Yes, indicate whe		bility insurance?			□ Yes	□ No
willing to talk about y Please also ensure tha	our job sk t the refer	num of 2 supervisory tills. We may also ve ences you list will be	e able to speak to us about your eplication process and may preven	ferences do not need employers. employment history	to be current supervis	
Name & Occupation Professional Referen		Address	Telephone Num	Years Known	Job Title	
Name & Occupation Professional Referen		Address	Telephone Num	ber Years Known	Job Title	
Name & Occupation Professional Referen		Address	Telephone Num	Years Known	Job Title	
Name & Occupation Professional Referen		Address	Telephone Num	ber Years Known	Job Title	
Name & Occupation Professional Referen		Address	Telephone Num	ber 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		