

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION"

NAME OF EMPLOYER		POSITION HELD		DATES FROM TO		HRS/WK	
ADDRESS		NAME AND TITLE OF SUPERVISOR		WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NUMBER	
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY		ENDING SALARY
DUTIES							
NAME OF EMPLOYER		POSITION HELD		DATES FROM TO		HRS/WK	
ADDRESS		NAME AND TITLE OF SUPERVISOR		WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NUMBER	
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY		ENDING SALARY
DUTIES							
NAME OF EMPLOYER		POSITION HELD		DATES FROM TO		HRS/WK	
ADDRESS		NAME AND TITLE OF SUPERVISOR		WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NUMBER	
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY		ENDING SALARY
DUTIES							
NAME OF EMPLOYER		POSITION HELD		DATES FROM TO		HRS/WK	
ADDRESS		NAME AND TITLE OF SUPERVISOR		WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NUMBER	
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY		ENDING SALARY
DUTIES							
NAME OF EMPLOYER		POSITION HELD		DATES FROM TO		HRS/WK	
ADDRESS		NAME AND TITLE OF SUPERVISOR		WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> NOW <input type="checkbox"/> AFTER OFFER OF EMPLOYMENT		TELEPHONE NUMBER	
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY		ENDING SALARY
DUTIES							

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

EDUCATION				
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA DEGREE(S) OBTAINED
HIGH SCHOOL			1 2 3 4	
COLLEGE(S)			1 2 3 4	
			5 6 7 8	
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING SHORTHAND	APPROX. WPM APPROX. WPM
LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED			WORD PROCESSING: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQUIPMENT ARE YOU FAMILIAR WITH?	
PROFESSIONAL LICENSES AND/OR CERTIFICATES				
ARE YOU: CURRENTLY <input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED ELIGIBLE: <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION				
IF LICENSED REGISTERED OR CERTIFIED				
TYPE	NO:	STATE ISSUED	DATE ISSUED	EXPIRATION
LANGUAGE SKILLS (OTHER THAN ENGLISH)				
SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK: _____, WRITE _____, AND READ: INCLUDING SIGN LANGUAGE:				
UNITED STATES MILITARY SERVICE If you obtained any experience or skills while military service that relate to the job for which you are applying, please describe the nature of your duties that led to the experience.				
ADDITIONAL REFERENCES PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC, INSTITUTIONS, VOLUNTEER ORGANIZATIONS, ETC. (NOT FRIENDS OR RELATIVES)				
NAME:	ADDRESS	TELEPHONE	RELATIONSHIP	
ADDITIONAL INFORMATION Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law.				

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the agency may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the agency to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the agency, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the agency or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the agency. I also understand that no representative of the agency, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this agency.

Date: _____ Signature: _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

DATE OF BIRTH		MAIDEN NAME		
PERSON TO NOTIFY IN CASE OF EMERGENCY				RELATIONSHIP
ADDRESS	CITY	STATE	AREA CODE	TELEPHONE NUMBER
			_ _ _	_ _ _ _ _ _