



APPLICATION for EMPLOYMENT

This company is concerned about violence in the workplace, falsified employment applications, resident safety, and employee theft. We will conduct a full background check, including a criminal background check and verification of social security number, on all candidates for employment. If employment is offered, applicants may also be subject to random or pre-employment drug screening.

~PLEASE READ THE FOLLOWING CAREFULLY~

Thank you for considering a position with our company. We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we will complete a detailed background and employment screening that will disclose inaccurate, false, incomplete and/or omitted information. A copy of the appropriate Job Description will be provided for your review so that you may complete all questions appropriately.

The following must be filled out completely for your application to be considered.

Personal Information

Name: _____

Address: _____
Apt #, City, State, Zip Code

Email: _____

HM #: _____ WK #: _____ Cell #: _____

	Yes	No
If you are under 18 years old, can you provide a work permit? N/A		
Have you used illegal drugs in the last six months?		
If hired, would you be available to work overtime and weekends if necessary?		
Do you have any friends or relatives working for this company? If so, list their names:		
Have you ever applied or worked for this company or other Avamere Health Services (AHS) managed facilities? (Avamere Skilled Living-Signature Medical Supply-NW Mobile Imaging-Infinity Rehab)		
Do you have any other work-related commitment that might affect your employment with this company. If yes, explain:		
Are you able to perform the essential functions of the job for which you are applying (please refer to provided Job Description(s)? If no, please describe the functions that cannot be performed: _____		
Have you ever been arrested, charged or convicted of a crime? (If yes, list ALL ARRESTS/CHARGES/CONVICTIONS and the outcome regardless of how long ago) Please attach additional pages if necessary.		

Please list the cities and states in which you have lived during the past 7 years:

City:	State:

Social Security Number: _____ For office use: SSN Verified: _____

Have you used any other name(s) and/or social security number(s)? Yes No

If yes, please list all other names and social security names used: _____

Employment Desired

Type of Work Desired: Shift Salary First Preference Second Preference Are you applying for full or part time work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem *	Days of the week <u>NOT</u> AVAILABLE to work (circle days): MON TUES WED THUR FRI SAT SUN I'm available to work holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No I'm available for On Call: <input type="checkbox"/> Yes <input type="checkbox"/> No
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* Per Diem may not be available at this Facility ~ please check with Facility

Please note: If your availability status changes, it is the employee's responsibility to notify his/her department head or the administrator as soon as possible.

Education / Training

School	Name and Address of School	Courses Taken/Major	Did you Graduate?	Diploma Degree or Certificate Receiving
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Date:	For office use: Verified: _____
Professional Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Date:	For office use: Verified: _____

Other Classes / Training:

Professional Licenses and / or Certifications				<i>For office use:</i>
Type	Organization or State Issued	Date Issued	Number	Verified

Employment History (Please list last 10 years of employment with the most recent employer first- identify all gaps in employment on page 5.)

Employer:		Address:	
Dates of Employment:		Phone Number:	Final Salary
From: _____ to _____ Month / Year Month / Year			\$ ____ per ____
Immediate Supervisor's Name and Title:			
Job Description & Duties:			
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			<i>For office use:</i>
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Verified <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Address:	
Dates of Employment:		Phone Number:	Final Salary
From: _____ to _____ Month / Year Month / Year			\$ ____ per ____
Immediate Supervisor's Name and Title:			
Job Description & Duties:			
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			<i>For office use:</i>
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Verified <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:		Address:	
Dates of Employment:		Phone Number:	Final Salary

From: _____ to _____ Month / Year Month / Year		\$ _____ per _____
Immediate Supervisor's Name and Title:		
Job Description & Duties:		
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		For office use: Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:			Address:		
Dates of Employment:		Phone Number:		Final Salary	
From: _____ to _____ Month / Year Month / Year				\$ _____ per _____	
Immediate Supervisor's Name and Title:					
Job Description & Duties:					
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				For office use: Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer:			Address:		
Dates of Employment:		Phone Number:		Final Salary	
From: _____ to _____ Month / Year Month / Year				\$ _____ per _____	
Immediate Supervisor's Name and Title:					
Job Description & Duties:					
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				For office use: Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer:			Address:		
Dates of Employment:		Phone Number:		Final Salary	

From: _____ to _____ Month / Year Month / Year		\$ _____ per _____
Immediate Supervisor's Name and Title:		
Job Description & Duties:		
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		For office use: Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Unemployment History</i>
Please account for all times of unemployment during the last ten years, after completing school, by listing both the exact period(s) of time and the corresponding reasons for unemployment. Do not include periods of unemployment of one month or less.
<i>Additional Information</i>
Please describe any other experience, training, qualifications and/or skills that make you especially suited to work at our company:

I accept all provisions above and certify that I, personally, completed this application and all of the information provided on this application is true and accurate.

Signature

Printed Name

____ / ____ / ____
Date

This facility does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, age, ancestry, sexual orientation, Vietnam era veteran status, or on the basis of physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.