

APPLICATION FOR EMPLOYMENT

TODAY'S DATE	POSITION APPLYING FOR
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LAST NAME	FIRST NAME	MIDDLE INIT	SOCIAL SECURITY NUMBER
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STREET ADDRESS	STATE	TELEPHONE NUMBER
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HOW HAVE YOU LIVED AT THE ABOVE ADDRESS?	PREVIOUS ADDRESS	STATE	ZIP CODE
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WHEN CAN YOU BEGIN?	MINIMUM ACCEPTABLE WAGE?
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	SPECIFY TYPE OF WORK DESIRED
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY

SPECIFY DAYS AND HOURS WILLING TO WORK

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY?			

	AMOUNT		
	YEARS	GRADUATED YES/NO	DEGREE
HIGH SCHOOL			SUCCESS
COLLEGE			
BUSINESS SCHOOL			
NURSING SCHOOL			
OTHER SCHOOL OR TRAINING			

DRIVER'S LICENSE NUMBER	STATE AND EXPIRATION DATE OF ANY PROFESSIONAL OR TRADE REGISTRATION OR LICENSE NO.
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SKILLS

LIST SPECIFIC OFFICE OR TECHNICAL SKILLS. (CLERICAL APPLICANTS - PLEASE LIST YOUR SHORTHAND AND TYPING SPEED)

MISCELLANEOUS

BY WHOM REFERRED?	HAVE YOU EVER WORKED HERE BEFORE? ?	NAMES OF FRIENDS OR RELATIVES EMPLOYED HERE
	WHEN?	

NAME OF PROFESSIONAL OR TRADE ORGANIZATIONS TO WHICH YOU BELONG. (OMIT ANY WHICH MIGHT INDICATE RACE, RELIGION, COLOR OR ANCESTRY)

(I) HAVE YOU EVER BEEN CONVICTED OF A CRIME?	IF YES, DESCRIBE IN FULL:
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(2) HAS ANY SURETY COMPANY EVER REFUSED TO ISSUE OR CONTINUE ANY BOND ON YOUR BEHALF? (IF yes. STATE WHEN & COMPANY)

AN ANSWER of YES TO 11 OR ABOVE NOT DISQUALIFY YOU FOR EMPLOYMENT,

U.S. MILITARY

ARE you VETERAN A	DATES OF SERVICE FROM TO	TYPE OF DUTY	RANK AT DISCHARGE
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SERVICE SCHOOL OR SPECIAL TRAINING RECEIVED;

EMPLOYER	ADDRESS	START	MONTH	YEAR	BASE PAY
NAME AND TITLE OF SUPERVISOR	STREET CITY STATE	END			
YOUR POSITION & DUTIES		REASON FOR LEAVING			

EMPLOYER	ADDRESS	START	MONTH	YEAR	BASE PAY
NAME AND TITLE OF SUPERVISOR	STREET CITY STATE	END			
YOUR POSITION & DUTIES		REASON FOR LEAVING			

NAME AND TITLE OF SUPERVISOR	ADDRESS	YEAR START	MONTH	
EMPLOYER	STREET CITY STATE	END		
YOUR POSITION & DUTIES		REASON FOR LEAVING		

EMPLOYER	ADDRESS	YEAR START	MONTH	BASE PAY
NAME AND TITLE OF SUPERVISOR	STATE	END		
YOUR POSITION & DUTIES		REASON FOR LEAVING		

REFERENCES <small>Name four persons in your field who know you, and whom we have your permission to contact immediately, preferably persons under whom you have worked.</small>			
NAME	WHERE EMPLOYED	BUS. PHONE	REFERENCE'S RELATIONSHIP TO YOU

FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.

I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT - TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HEREBY GRANT PERMISSION TO VERIFY SUCH ANSWERS. I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION, OR FOR DISMISSAL IF SUCH FALSE STATEMENT IS DISCOVERED SUBSEQUENT TO EMPLOYMENT. I FURTHER UNDERSTAND THAT A PREEMPLOYMENT INVESTIGATION WILL BE PERFORMED TO DETERMINE MY SUITABILITY FOR EMPLOYMENT AND AUTHORIZE WRITTEN ACCESS TO ANY RECORDS CONCERNING MY EDUCATION, EMPLOYMENT, OR CRIMINAL BACKGROUND. I UNDERSTAND THAT IF ANY INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON REQUEST. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I MAY HAVE TO PASS A PHYSICAL EXAMINATION AS A CONDITION OF EMPLOYMENT, AND AGREE TO ABIDE BY AND COMPLY WITH ALL RULES OF THIS FACILITY,

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

Signature _____

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, FEDERAL LAW PROHIBITS EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAPPED STATUS. NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS OR HER RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAPPED STATUS,

(APPLICANT - DO NOT WRITE IN THIS SPACE)

TITLE	STARTING WAGE	STARTING DATE	REG-FT.	REG."	OCC.PT.	TEMP.	BUDGET WKLY HRS.	SHIFT

DAVCO REST HOME

ADMINISTRATIVE SIGNATURE _____

DATE _____

EMPLOYEE INITIAL _____