

**APPLICATION FOR EMPLOYMENT  
CLOVERDALE HEALTH CARE, INC.**

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, marital status, handicap, sex, national origin, age, mental or physical disability, veteran status, or any other reason prohibited by law.

**This application is active for 60 days.**

**POSITION APPLIED FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_  
(Last) (First) (MI)

**OTHER NAMES YOU'VE WORKED UNDER:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**FORMER ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Are you at least 18 years old? YES NO (circle one answer per question)

Are you a U.S. Citizen or legally authorized to work in the U.S.? YES NO  
(Proof of citizenship or right to work status will be required at the time of hire).

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? YES NO

Review the job description for the position for which you are applying. Do you meet the qualifications and have the ability to perform the essential job functions of this job? YES NO

If you answered no to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you accept part time work? YES NO

Would you accept temporary work? YES NO

Are you related to anyone working in this facility? YES NO If yes, state the name and relationship of each relative \_\_\_\_\_  
\_\_\_\_\_

Date you can begin work? \_\_\_\_\_ Preferred shift? \_\_\_\_\_

Will you work overtime whenever scheduled or requested? YES NO

Have you ever been employed by this facility? YES NO If yes, give dates, positions, and reasons for leaving: \_\_\_\_\_

Special Skills/Training you possess and equipment you can operate: \_\_\_\_\_

Long range occupational/educational goals: \_\_\_\_\_

### MILITARY SERVICE RECORD

The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations.

Are you now a member of a Reserve or National Guard unit? YES NO

Were you in the U.S. Armed Forces? YES NO If yes, what branch?  
\_\_\_\_\_ Type of Discharge? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

List duties in the military or special training that prepared you for the position you are seeking: \_\_\_\_\_

### BACKGROUND INFORMATION

In addition to these questions, this facility requires a background check prior to employment.

Have you been convicted of or pled guilty to any criminal felony offense other than traffic violations within the past seven years? YES NO

Have you been released from confinement following a conviction for any criminal felony offense within the past seven years? YES NO

Are you presently charged with any felony violations of law other than traffic violations? YES NO

If your response to any of the preceding three questions was "YES", give the date, place and nature of each such conviction or pending charge. The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.

### EDUCATIONAL BACKGROUND

<b>HIGH SCHOOL</b>	<b>GRADUATION DATE</b>	<b>DIPLOMA TYPE</b>
<b>COLLEGE</b>	<b>GRADUATION DATE</b>	<b>DEGREE EARNED</b>
<b>NURSING SCHOOL</b>	<b>GRADUATION DATE</b>	<b>LICENSE OBTAINED</b>
<b>OTHER</b>		

### EMPLOYMENT HISTORY

**List all employers for whom you have worked during the last five years.  
Explain any lapses between times when employed.**

<b>NAME/ADDRESS OF EMPLOYER</b>	<b>DATES</b>	<b>POSITION</b>	<b>PHONE NUMBER</b>	<b>REASON FOR LEAVING</b>

### PROFESSIONAL LICENSES AND CERTIFICATIONS:

<b>TYPE</b>	<b>STATE</b>	<b>DATE ISSUED</b>	<b>EXP. DATE</b>	<b>NUMBER</b>

## **ACKNOWLEDGEMENT STATEMENT**

**I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employer to release information pertaining to my work record, my work habits, and my work performance while in their employ.**

**In making application for employment, I understand that an Investigation report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I also understand that a criminal background investigation may be conducted.**

**I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a gratuitous statement of the nursing facility's current policies.**

**I understand that the nursing facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of employment.**

**I understand and agree that if I am offered employment by the nursing facility, my employment will be for no definite term. Either the nursing facility or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. This relationship can only be modified in writing and signed by an officer of the corporation.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**