



**EMPLOYMENT RECORD**

Please complete starting with present or most recent employer. Include summer employment and military experience; indicate honorable or dishonorable discharge. For any unemployed or self-employed periods, show dates and locations. Provide all information requested on application. Resumes **CANNOT** be used in place of completing this section. All of employer related information requested must be furnished for the last TEN (10) years including gaps in employment. If you need additional space, please use an Employment Record Supplemental form.

Present Employer (if currently employed)*		Job Title:	
Address:		Reason for leaving:	
City & State: Telephone No.	From:	To:	Salary:
Supervisor:		Number of employees You Supervised:	
Duties:			

Present Employer (2)		Job Title:	
Address:		Reason for leaving:	
City & State: Telephone No.	From:	To:	Salary:
Supervisor:		Number of employees You Supervised:	
Duties:			

Present Employer (3)		Job Title:	
Address:		Reason for leaving:	
City & State: Telephone No.	From:	To:	Salary:
Supervisor:		Number of employees You Supervised:	
Duties:			

Present Employer (4)		Job Title:	
Address:		Reason for leaving:	
City & State: Telephone No.	From:	To:	Salary:
Supervisor:		Number of employees You Supervised:	
Duties:			

**\*Do you have objection to your past or present employer(s) being contacted? Yes  No**

**If yes, indicated which employer(s) and why:** \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND TRAINING**

	<b>Yes</b>	<b>No</b>	<b>Name and location of Last High School Attended</b>
<b>G.E.D. Certificate</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>High School Diploma</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highest Grade Completed:</b>

<b>College(s) Attended</b>	<b>No. of Years</b>	<b>Major</b>	<b>Type of Degree Received</b>

<b>Vocational/Training, Trade Business, Armed Forces</b>			
<b>School(s) Attended</b>	<b>Length of Program (wks, months, yrs.)</b>	<b>Program</b>	<b>Type of Certificate Received</b>

Indicate any licenses, such as Emergency Medical Technician, Registered Nurse, Licensed Practical Nurse, State Certified Nursing Assistant, Therapist, etc. indicating licensing authority, where the license was first issued, and the date the license expires:

List software packages with which you are proficient, i.e.,  
 Windows 95,  Office 97,  Microsoft Word,  Excel,  Powerpoint,  Other: \_\_\_\_\_

List any additional qualifications, skills, abilities, or education:  
 Clerical Skills:      Typing : \_\_\_\_\_ wpm:\_\_\_\_\_      Shorthand :\_\_\_\_\_ wpm:\_\_\_\_\_

List equipment that you are experienced in operating, i.e., computers, switchboard, etc.

**LEGAL INFORMATION**

1. Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had a adjudication, withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes [  ] No [  ]  
 Please state particulars: Charge: \_\_\_\_\_  
 Date: \_\_\_\_\_ Disposition: \_\_\_\_\_ Sentence: \_\_\_\_\_
2. Are you now on probation? Yes [  ] No [  ] Probationary period: From: \_\_\_\_\_ to \_\_\_\_\_
3. Have you ever been convicted of domestic violence, or injury to any person of damage to any property, i.e., for assault, battery, etc.? Yes [  ] No [  ] if yes, date(s): \_\_\_\_\_. Please explain in the nature of the claims in the lawsuit(s) and disposition(s).

**Note:** A “yes” answer to questions 1 through 3 will not necessarily disqualify you from employment. The nature, severity, and date of the offense(s) or incident will be considered in relation to the position for which you are applying.

**STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION**

1. This employer is an EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER and maintains a drug-free workplace. We do not discriminate on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability, marital status, citizenship or veteran status.
2. Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of this application.

3. A material omission in, or falsification of, this application, your resume, or any other information provided by you at any time may be grounds for not employing you or dismissal after you begin work.
4. Nothing in this application or in the policies, rules, or regulations is intended to create a contractual relationship between the Company and any employee. The Company reserves the right to change its policies at any time. You will be required to adhere to all policies.
5. Federal law (Immigration Reform and Control Act of 1986) prohibits the employment of authorized aliens. All persons hired must submit satisfactory proof of employment eligibility and identity. Any offer of employment is contingent on your submission of satisfactory proof of your identity and your legal authorization to work in the United States. If you fail to submit this proof, federal law prohibits us from hiring you. In the event you have begun to work and are unable to submit this required information in a timely manner, your employment will be terminated.
6. Offers of employment are contingent upon successful completion of a medical questionnaire and/or a physical examination to determine your ability to meet the state and/or federal employment requirements and to perform the essential functions of the job you are seeking.
7. I CONSENT freely and voluntarily to any request for specimens for the purpose of drug testing and the release of the results of the specimen analysis. I agree to voluntarily participate in any pre-employment, reasonable suspicion, and post-accident testing program. I understand that in the event I refuse to be tested, refuse to execute Consent or test positive, I will be disqualified from further employment consideration or terminated.
8. To assist the Company in assessing my qualifications for the position for which I am applying, I hereby authorize the search regarding my present and previous employment, licenses, certifications, educational records, references, and any other information provided (except where otherwise indicated). I hereby release the Company and any person who provides such information from any liability or damage, which may result from furnishing requested information.
9. I hereby understand that I am notified that State Statues require any individual employed or seeking employment in a nursing home meet the requirements set forth regarding criminal history compliance and good moral character and hold the Company harmless for its interpretation of eligibility for employment based on or criminal history.
10. I hereby to consent to and authorize the information requested within this form and agree to hold harmless the company and any persons from any liability in furnishing this reference of employment

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**Application Signature**

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**Date**

**THIS STATEMENT MUST BE SIGNED AND DATED TO BE CONSIDERED FOR EMPLOYMENT**