



APPLICATION FOR EMPLOYMENT

Federal and state law prohibit discrimination in employment because of sex, sexual orientation, age, race, color, creed, religion, marital status, national origin, citizenship, liability for service in the armed forces of the United States or disability or any other protected classification.

POSITION APPLIED FOR _____

DAYS & HOURS AVAILABLE _____ FULL TIME _____ PART TIME _____

IDENTIFICATION (Please Print Clearly)

NAME: _____ SOCIAL SECURITY #: _____
Last First MI

ADDRESS:

_____ Number and Street City/State/Zip code

HOME PHONE # _____ CELL PHONE # _____

Email: _____

Are you under 18 years old? Yes No If yes, state your age _____
If yes, do you have a work permit: Yes No

Are you a U.S. citizen or legally eligible to work in the United States? Yes No
(Please note that if you are extended a job offer you will be required to furnish proof of lawful work status)

Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes No

Have you ever had a non-criminal finding of abuse, neglect, mistreatment or misappropriation of residents' fund/ professional misconduct sustained against you? Yes No

Is there currently a non-criminal investigation of abuse, neglect, mistreatment or misappropriation of resident property and/or professional misconduct against you? Yes No
If yes, please describe:

Have you ever been convicted of a felony? Yes No

You may be required to submit your fingerprints for an FBI check. Do you have any concerns you'd like to discuss regarding this process? Yes No



EDUCATION (Name and location of High School, Vocational School and other education)

NAME OF INSTITUTION & ADDRESS	YEARS ATTENDED	DEGREE	DID YOU GRADUATE
			<input type="checkbox"/> Yes / No <input type="checkbox"/>
			<input type="checkbox"/> Yes / No <input type="checkbox"/>
			<input type="checkbox"/> Yes / No <input type="checkbox"/>

If you do not have a High School Diploma, do you have a G.E.D.? Yes No

Please list any federal or state licenses and the related numbers you currently hold which might be of use on the job: *(will need to provide original documents upon hire)*

Type	Issuing Agency	Date Issued	Date Expired	License #
R.N.				
L.P.N.				
P.C.A.				
H.H.A				
C.N.A.				
Other				
Other				

Do you hold a current First Aide Certification? Yes No If yes – please list expiration: _____

Do you hold a current CPR Certification? Yes No If yes – please list expiration: _____

Have you attended any recent trainings, In-Services or continuing education programs in the past year? Yes No

Please list and attach copies if possible:



PREVIOUS EMPLOYMENT

To help us value your skills, please list below ALL present and past employment; beginning with your most recent job including military service. If you need additional space, please continue on a separate sheet of paper.

EMPLOYER:	FROM:	TO
ADDRESS:	SALARY	JOB TITLE
REASON FOR LEAVING:	SUPERVISOR /TELEPHONE #	DUTIES
EMPLOYER:	FROM	TO
ADDRESS:	SALARY	JOB TITLE
REASON FOR LEAVING:	SUPERVISOR/TELEPHONE #	DUTIES
EMPLOYER:	FROM	TO
ADDRESS:	SALARY	JOB TITLE
REASON FOR LEAVING:	SUPERVISOR/TELEPHONE #	DUTIES

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? Yes No

IF NO, WHEN MAY WE DO SO? _____
(Please note that employment at this facility is contingent on the outcome of reference checks including present employer)

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS AT THIS TIME? Yes No

IF NO, WHEN MAY WE DO SO? _____
(Please note that employment at this facility is contingent on the outcome of reference checks including present employer)

Do you know anyone that currently works for FoltsBrook Senior Living or FoltsBrook Center? Yes No

Please list their names:

What is the minimum hourly wage that you would consider in order to meet your financial obligations? _____

Date you are available to report to work? _____

Are you a past employee? Yes No If yes – please give dates: _____

Have you ever applied to this company before? Yes No If yes – please give dates: _____



I, _____ hereby apply for employment with FoltsBrook Senior Living and affirm that my answers to the foregoing questions are true and complete, and that I have not withheld any fact or circumstances that would, if disclosed; affect my application unfavorably. I understand that any misrepresentation in this application will be sufficient cause for rejection of any application or dismissal after employment eligibility.

So that FoltsBrook Senior Living may be fully informed as to my character and qualifications, I refer to each school and college attended, to each of my former employers and to any other persons who may have information concerning me consenting and authorizing them to furnish a full transcript of my record and service, and any other information that they may have concerning me, and also to give them the cause of my leaving said school or said employment, agreeing, as this information is furnished at my express request and for my benefit, to hold such persons harmless. I do hereby release them from any liability for damages of whatsoever nature on account of furnishing such information.

After a tentative offer of employment has been made, I agree to take a job-related medical examination and authorize the examining physician to disclose the findings to FoltsBrook Senior Living. I understand that, any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job related medical examination. If I am hired, a full transcript of my service with FoltsBrook Senior Living, information as to my character, habits, ability, and the cause of my leaving its services may be given to any persons with whom FoltsBrook Senior Living may hereafter seek employment, or any intended governmental agency or authority, and I hereby release FoltsBrook Senior Living, from any and all liability damage of whatsoever on account of furnishing such information.

All employment with FoltsBrook Senior Living is employment at-will that may be terminated at any time, with or without cause, and with or without notice to the employee.

Signature of Applicant

Date Signed

FOR HR PURPOSES ONLY	
Hire Date	Position
Salary	Benefits
Comments	