

Employment Application

Date: _____

This company considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This facility is a smoke-free and drug-free workplace. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, OR IF YOU NEED AN ACCOMMODATION WITH RESPECT TO ANY OTHER ASPECT OF THE APPLICATION PROCESS, PLEASE MAKE YOUR REQUEST KNOWN IMMEDIATELY.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip Code:
Phone Number:	Alternate Phone Number:	E-mail address (optional):	
Indicate other names you used at companies or schools, if different from above:			
Name:	Company/School:		
Name:	Company/School:		

TYPE OF EMPLOYMENT DESIRED

Position(s) Applying For:				
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> PRN/Casual	<input type="checkbox"/> Weekend Option
<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> Holidays/Weekends
Minimum Pay Acceptable: \$ _____ (Hourly/Salary)			Date Available: _____	

How Did You Learn About Us? (check all that apply)				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee Referral (Employee Name): _____	
<input type="checkbox"/> Relative	<input type="checkbox"/> Internet	<input type="checkbox"/> Job Fair	<input type="checkbox"/> School/Clinical	
<input type="checkbox"/> Internship	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Other (please specify): _____	

OTHER PERTINENT DATA

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever <u>applied</u> to a facility associated with CompleteCare, TenderCare or Innovative Capital Management (ICM) before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Where? _____ When? _____		
Have you ever <u>worked</u> for a facility associated with ICM, CompleteCare or TenderCare before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Where? _____ When? _____ What Position? _____		
Do you have any relatives currently working for a company associated with ICM, CompleteCare or TenderCare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what are their names? _____ Relationship(s)? _____		
Have you ever been convicted of health care fraud or abuse, or any crime relating to the mistreatment of a patient, client, or resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain and give date(s) of conviction(s) _____		
Have you ever been convicted of any other type of crime, or entered a plea of guilty or no contest to a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give dates and details: _____		
<i>(Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of violation, rehabilitation and position applied for will be considered).</i>		

EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY (begin with most recent position)

A resume may be attached, but will not be accepted in place of any information required on this form.

Please account for all your time during the past ten years, including jobs, volunteer work, schooling, unemployment, self-employment, military service, etc. (Use additional paper if necessary to provide more information.)

=====
Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

=====
Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

=====
Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

=====
Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

EDUCATION

	School Name, City and State	Years Completed	Did you Graduate?	Type of Diploma/Degree
GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	

LICENSE/CERTIFICATION/REGISTRATION

Do you have a current valid Health Care License, Registration, or Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate type _____ Number _____ Expiration Date _____ State Issued _____	
Are there any current restrictions on your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Explain _____	

DRIVING RECORD

This section should be completed only if you are applying for a position which requires driving.

Do you have a current driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate driver's license number: _____ State Issued: _____	
Are there any current restrictions on your driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate restrictions: _____	
Have you been found guilty of a moving violation in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate when: _____	
Do you have automobile liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate where: _____	

PROFESSIONAL & PERSONAL REFERENCES

It is our policy to check a minimum of 2 supervisory references. The supervisory references do not need to be current supervisors but must be willing to talk about your job skills. We may also verify dates of employment at past employers.

Please also ensure that the references you list will be able to speak to us about your employment history as only obtaining on and off payroll dates will not be sufficient information to compete the application process and may prevent your candidacy from moving forward.

Name & Occupation of Professional Reference	Address	Telephone Number ()	Years Known	Job Title

