

HENRY COUNTY HEALTH & REHABILITATION FACILITY

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

POSITION APPLIED FOR:				DATE OF APPLICATION:	
PLEASE CIRCLE: Full Time Part Time PRN				Desired Shift:	
				Desired Salary:	
Have you ever filed an application with us before?		YES <input type="checkbox"/>		NO <input type="checkbox"/> If so, when?	
How Did you Learn About Us:		<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Relative <input type="checkbox"/> Friend		<input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____	

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone	Cellular		Email Address		
Date Available for Work		Social Security No			
Are you 18 years of age or older?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/> If so, when?	
		YES <input type="checkbox"/>		NO <input type="checkbox"/> If yes, provide dates & details	

Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

EDUCATION					
High School			Address		
From	To	Did you graduate?		Degree	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
College			Address		
From	To	Did you graduate?		Degree	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Other			Address		
From	To	Did you graduate?		Degree	
		YES <input type="checkbox"/>		NO <input type="checkbox"/>	

PROFESSIONAL LICENSURE/CERTIFICATION <i>(Example CNA, CPR, Train the Trainer, Alzheimer, MDS, etc.)</i>		
License Number:	Original Issue Date:	Expiration Date:
Years of Experience:	Certifications:	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

LIST ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

(Other Qualifications, Specialized Skills, Equipment Operated, etc.)

DISCLAIMER AND SIGNATURE

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question of this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains on file for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I further understand that if I am considered for employment, the following tests must be obtained and acceptable results received:

Physical Examination— which includes a "Free of Communicable Disease" statement.

Drug Test—A urine specimen will be obtained using the Chain of Custody system.

Criminal Background Check—A pre-employment criminal background check will be conducted at the Facility's expense.

TB Skin Test (2 step method) The first step & second step will be given at the facility. In the event of a positive result, the prospective employee must go to the Henry County Health Department. If the applicant is unable to take said test (either due to positive results or possible allergic reaction to the test), then the applicant must have a chest x-ray.

Signature

Date

