

APPLICATION FOR EMPLOYMENT

Date: _____



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ALL EMPLOYEES WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, MEDICAL CONDITIONS, HANDICAP, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION OR ANY OTHER STATUS PROTECTED BY LAW.

How did you hear about Higher Level of Care? _____

PERSONAL

Name (Last, First, Middle) _____

Street Address _____

City, State, Zip _____

Phone Number _____ Email Address _____

Do you have a valid driver's license? Yes No License # _____ State _____

Position applied for: _____

Type of employment desired Full-Time Part-Time Overtime? Yes No

Shift Availability: Morning/Afternoon - Yes No Swing - Yes No Night - Yes No

Are you under the age of 18? Yes No

Do you have the legal right to live and work in the United States? Yes No

Will you be able to perform safely and efficiently all functions of the job(s) for which you are assigned?

Yes No

If no, please explain: _____

Employees for certain positions will be required to undergo a physical examination including drug, and alcohol testing to ensure that they can safely and effectively perform the job for which they are assigned. Will you take a physical examination or testing if required for pre-employment screening?

Yes No

Will you comply with the safety, work, attendance and employment policies of our organization?

Yes No

Are you a veteran?

Yes No Branch of service: _____ Type of Discharge: _____

EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
Graduate School					
College					
Trade School					
High School					
Other					

EMPLOYMENT HISTORY

Company Name: _____ Date of Employment: _____

Address: _____

Telephone Number: _____ Position & Pay Rate: _____

Supervisor Name: _____ May we contact? _____

Responsibilities: _____

Company Name: _____ Date of Employment: _____

Address: _____

Telephone Number: _____ Position & Pay Rate: _____

Supervisor Name: _____ May we contact? _____

Responsibilities: _____

Company Name: _____ Date of Employment: _____

Address: _____

Telephone Number: _____ Position & Pay Rate: _____

Supervisor Name: _____ May we contact? _____

Responsibilities: _____

Company Name: _____ Date of Employment: _____

Address: _____

Telephone Number: _____ Position & Pay Rate: _____

Supervisor Name: _____ May we contact? _____

Responsibilities: _____

REFERENCES

Name	Occupation	Years Known & Relationship	Telephone Number

COMMENTS

ACKNOWLEDGEMENT

1. Any acceptance of employment will be predicted upon the truthfulness of the written and verbal statements contained within this application for employment and pre-employment process. I understand

that should the company find that any statement(s) I have made is not truthful, I may be subject to immediate dismissal.

2. I authorized my employer to make any investigation deemed necessary for employment considerations and promotion within the organization.
3. I understand I am not guaranteed employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and employment will be terminate at will by myself or Bridges upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by Bridges.
4. I understand that my employer sets any all terms of my employment including: wages, hours, benefits, or other conditions and I will learn and comply with the safety rules.
5. I acknowledge that I have personally completed this application for employment and that I have read and understand all of the above statements.

Signature of Applicant

Date

