



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____
 Street Address _____
 City _____ State _____

Date of Application _____
 Social Security # _____ - _____ - _____
 Phone # _____
 Cell # _____
 Email: _____

EMPLOYMENT DESIRED

Position Applied For: _____

Shift you can work Day Evening Night Any

Date you can start _____

Are you under 18 years of age? YES NO

May we contact your present employer? YES NO

Have you worked here before? YES NO When _____

If yes, reason for leaving _____

EDUCATION

Highest grade completed (check) High School 9 10 11 12 College 1 2 3 4

Name and location of last school attended _____

Vocation or Trade Training _____

PROFESSIONAL LICENSES AND/OR CERTIFICATION

Type	Organization or State Issued	Date Issued	Number	Verified*

PERSONAL REFERENCES

Name	Address	Phone	Years acquainted with you	Verified*

*Do Not Fill in Shaded Areas

FORMER EMPLOYERS (List last or present position first, provide information from the last 5 years or as space provides)

Present & Former Employers	Dates Employed	Salary Range	Position & Duties	Reference Checked *
Name _____ Supervisor _____ Phone # _____ Reason for Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____	
Name _____ Supervisor _____ Phone # _____ Reason for Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____	
Name _____ Supervisor _____ Phone # _____ Reason for Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____	
Name _____ Supervisor _____ Phone # _____ Reason for Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____	

If your former employment references, education or military are under a name other than indicated on front of application, please indicate below:

Last First Middle Initial

Have you ever been convicted of a crime? YES NO If yes, what, when and where? _____

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS

_____ This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for discrimination.

_____ I voluntarily give this institution the right to make a thorough investigation of past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take a physical examination if required and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

_____ I understand that my employment is at will and that either party is free to terminate the employment relationship at any time with or without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

_____ I understand that upon being hired as an employee of the Linn Community Nursing Home, Inc., I must submit to a criminal background check, pursuant to KSA 39-970 et seq, KSA 65-5117 et seq., (1997 Legislative Session House Bill 2278). I hereby authorize the Linn Community Nursing Home, Inc., to submit a request for a criminal background check. I agree to furnish any and all information necessary to complete the Criminal Background Check Request Form, and declare that to the best of my knowledge, all information shall be correct and complete.

_____ If employed I will be required to complete an Employment Verification Form (I-9) and within three (3) days show satisfactory evidence of identity and eligibility for employment.

Applicant Signature _____ **Date** _____