

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

CONFIDENTIAL

ACTIVE FOR 60 DAYS FROM DATE OF APPLICATION

Personal Information	Date of Application _____	Date Available _____
Name _____ Last First Middle	Email Address _____	
Present Address _____ Street City County State Zip Code	Phone Number _____	
Permanent Address _____ (If different than above) Street City County State Zip Code	Cell Phone Number _____	
If you cannot be reached at the above phone number, where may we contact you? Name of Person _____ Phone _____ How long at present address? _____		

Employment Desired	Will you accept employment of: q Full Time? q Part Time? q Temporary?		
Type of Work Desired	Shift	Salary	q Holidays? q Rotating? q Weekends?
First Choice			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Choice			May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
			How did you learn of this opening? _____

Personal Information	Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16	Scholastic Honors Received/Extracurricular Activities _____
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	Name of School	Location (City/State)	Courses Taken	Completed	Type of Degree or Cert. Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes: ___/___/___ Date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes: ___/___/___ Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes: ___/___/___ Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes: ___/___/___ Date	

Membership in professional organizations: _____

Honors received, volunteer or community service or other qualifications you feel are related to the position for which you are applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, which branch? _____

Dates of duty: From ___/___/___ To ___/___/___ Rank at discharge: _____

Are you legally authorized to be employed in the United States? Yes No

Professional License and/or Certifications				Verified
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Understanding (List last or present position first. Include all previous employment locations where space allowed.)

Present and Former Employers	Dates Employed	Salary Range	Positions & Duties
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	Reason for leaving:
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	Reason for leaving:
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	Reason for leaving:
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	Reason for leaving:
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	Reason for leaving:

Background Investigations

Applicant/Employee Name: a) _____

List Aliases: b) _____ d) _____

c) _____ e) _____

Home Phone Number: _____

Current Address: _____

County: _____ Lived how long at current address? _____

List all addresses for past (5) five years. Include dates at each address (use separate sheet for additional addresses.)

a) _____ b) _____

Have you ever been discharged from or asked to leave employment? Yes No

If yes, please provide details: _____

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

Last: _____ First: _____ MI: _____ Phone Number: _____

Use this space to give us further information which will assist us in placing you, including at least two professional references not related to you, who have known you at least one year:

Ref 1 _____ Phone Number _____

Ref 2 _____ Phone Number _____

A record of criminal or guilty/no contest plea may disqualify an applicant from employment. Relevant factors for consideration may include the following: state laws barring employment in a healthcare facility, date of offense, and nature of the position sought. Declining or failing to fully disclose all convictions and guilty/no contest pleas on this application will result in rejection of the application or termination of employment.

Have you ever been convicted of or pled guilty/no contest to any criminal offense (minor traffic violations excluded)? Yes No

If yes, identify the level of the offense: Misdemeanor, Felony, Other: _____

City and state of offense(s) _____ Date of offense(s) _____

Offense description(s): _____

Certification of Eligibility to Participate in Federal Health Care Programs

The Office of Inspector General (OIG) may impose financial penalties against health care providers that employ or enter into contracts with excluded individuals or entities to provide items or services to federal program beneficiaries (section 1128A(a)(6) of the Act; 42 CFR 1003.102(a)(2)). Providers such as hospitals, nursing homes and hospices may face exposure if they submit claims to a federal health care program for health care items or services provided, directly or indirectly, by excluded individuals or entities.

Individuals may be excluded from participation in federal health care programs for a number of reasons including a Medicare/Medicaid fraud or abuse conviction, license revocation, or failure to repay a federal student loan.

If a health care provider arranges or contracts (by employment or otherwise) with an individual or entity who is excluded by the OIG from program participation for the provision of items or services reimbursable under such a federal program, the provider may be subject to fines of up to \$1 0,000 for each item or service furnished by the excluded individual or entity, as well as an assessment of up to three times the amount claimed and program exclusion may be imposed.

Furthermore, if an excluded individual seeks employment with a Medicare/Medicaid participating provider, it could affect their opportunity for reinstatement at the conclusion of the exclusion period.

I certify that I am not subject to exclusion or debarment under federal law or designated in a nurse aid registry as having a finding concerning abuse, neglect, or mistreatment of a patient or misappropriation of a patient's property.

Signature _____ Print Name _____ Date _____

Employment Understanding (Please read and sign)

It is the policy of the company and all of its subsidiaries to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

I understand that any offer of employment, or continued employment, is contingent upon the company's decision that the results of my background investigation and/or drug test and other references (work related, personal, license verification (including Nursys) are satisfactory.

If employed, I will be required to complete an Employment Verification Form (1-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

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

Applicant's Signature _____ Date _____