

Application for Employment

Facility: **FARMINGTON MANOR**

Application Date: _____

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap. This company is an equal opportunity employer.

Personal Information

Social Security # _____

Name _____ Date of Birth: _____
Last First Middle Maiden

Address _____
No/Apt Street City State Zip

Telephone _____
Cell Home or other phone contact

Military Service? Yes _____ No _____ If yes, which branch: _____

If not a U.S. Citizen, do you have a legal right to remain permanently and work in the U.S.? YES ___ NO ___

Alien Registration Number _____

Have you ever been convicted of a crime? ** YES ___ NO ___ Convicted of a felony? YES ___ NO ___

If yes, please explain circumstances including dates _____

** Note: Applicants with criminal offenses may still be considered for employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance to the position applied for may, however, be considered. During background check, if applicant failed to disclose any criminal convictions, applicant will immediately be remove from consideration.

Do you have any disability that would substantially interfere with your ability to perform the duties of the job for which you have applied? YES ___ NO ___ If yes, please describe the disability and explain the work limitation as it pertains to the job for which you have applied.

Employment Desired

Position(s) Applying for: _____ Full-Time ___ Part-Time ___

Which Shifts are you available: 1st ___ 2nd ___ 3rd ___ Can you work weekends: YES ___ NO ___

Date available to start: _____ Are you willing to work (if needed) on short notice: YES ___ NO ___
mm/dd/yy

Have you ever worked for this company before? YES ___ NO ___ Applied before? YES ___ NO ___

If yes, Dates Employed: From _____ To _____ Prior Position: _____

Reason for Leaving _____

Education

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 GED 1 2 3 4 +
Elementary High School College

Last School Attended _____

Vocational or Technical Training (list below:

Additional Skills and Qualifications:

LIMA # _____ Insulin Cert # _____ CNA # _____ CMA # _____

First Aid _____ CPR Certified _____ (Expiration Date) **Please provide Copies**

List below any additional skills, licenses, certificates or training you feel is relevant to the job for which you are applying:

References

List three business/work related persons who are not related to you.

NAME ADDRESS PHONE YEARS KNOWN

Previous Employers

List below your work experience, beginning with present or last place of employment.

1 Employer: _____		Supervisor and Title: _____	
Address: _____		Phone: _____	
Position _____		Reason for Leaving _____	
From: _____	To: _____	\$ _____	Per _____
Dates Employed		Hourly Rate/Salary	
2 Employer: _____		Supervisor and Title: _____	
Address: _____		Phone: _____	
Position _____		Reason for Leaving _____	
From: _____	To: _____	\$ _____	Per _____
Dates Employed		Hourly Rate/Salary	
3 Employer: _____		Supervisor and Title: _____	
Address: _____		Phone: _____	
Position _____		Reason for Leaving _____	
From: _____	To: _____	\$ _____	Per _____
Dates Employed		Hourly Rate/Salary	

Applicant's Statement

I understand that any employment by this facility will be on a probationary basis. This company practices employ at will. If employed by this facility, I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that the discovery of misrepresentations or omission of facts herein will be cause for immediate dismissal. I authorize this facility to contact any and/or all of my references for full information. I agree to take a physical examination or drug test at any time at the request of this facility, and agree that the examining physician may disclose the findings to this facility or authorized agent of this facility.

Applicant's Signature

Date