

EMPLOYMENT APPLICATION

Extencicare Health Services, Inc. and its subsidiaries and affiliates

This company does not discriminate in hiring or employment on any basis protected by law. Please tell us if you require any special arrangements during the interview process.

This application should not be construed as a contract of employment between the employer and the applicant or as a promise of employment. All employment is at will.

FOR OFFICE USE ONLY			
Facility/Division			
Department			
Job Title			
Salary	Hr.	Mo.	Yr.
Starting Date			

GENERAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number	Date of Application
Current Address		City	State	Zip
Home Telephone	Business Telephone		To assist us in checking your work, school, or other records, have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes	
Position Applied For	Are you seeking...? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		Shift Availability (check all that apply) <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Day	
Are you able to rotate shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary/wage expected \$	Date Available
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		How were you referred to us?	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally able to work for any employer in the United States under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, please give details: _____		Have you ever filed an application with this company? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, when? _____		
Have you ever been found guilty by a court of law of abusing, neglecting, mistreating, or misappropriating the property of an individual in a healthcare setting? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, please give details: _____		Have you ever been employed by this company? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, when/where? _____		
Are you, or have you ever been, excluded from participation in the Federal health care programs (for example, Medicare and Medicaid)? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, please give details including the name being used when excluded and the period of exclusion: _____		Do you have any friends or relatives employed here? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, give names _____ (Company policy restricts close relatives working in a reporting relationship)		
		Registry, certification, or professional license number _____ State _____ _____ State _____ _____ State _____		

EDUCATION

School Name	City/State	Major Course	Last Year Completed	Type of Degree
High School				
College/University				
Post Graduate				
Technical/Business				

HEALTHCARE EXPERIENCE (If applicable to position)

LICENSED NURSE	<input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____
NURSING ASSISTANT	<input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____
OTHER _____	<input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____

Starting with current or most recent employer, list all previous employers in the last ten years. Include self-employment, summer and part-time jobs, military service. Use a separate sheet, if necessary.

EMPLOYMENT HISTORY

FROM		TO		Current Employer <input type="checkbox"/>	Employer:	Telephone Number:		
MO	YR	MO	YR					
SALARY OR WAGE				Job Title:		Supervisors Name:		
				Address:		City:	State:	Zip:
Describe your duties:								
Reason for leaving:								

FROM		TO		Employer:	Telephone Number:			
MO	YR	MO	YR					
SALARY OR WAGE				Job Title:		Supervisors Name:		
				Address:		City:	State:	Zip:
Describe your duties:								
Reason for leaving:								

FROM		TO		Employer:	Telephone Number:			
MO	YR	MO	YR					
SALARY OR WAGE				Job Title:		Supervisors Name:		
				Address:		City:	State:	Zip:
Describe your duties:								
Reason for leaving:								

List Three Professional References

Name _____			Phone _____			Relationship _____		
Name _____			Phone _____			Relationship _____		
Name _____			Phone _____			Relationship _____		

PLEASE READ BEFORE SIGNING

I certify that the answers given in this application and in the employment interview/s are true and complete to the best of my knowledge.

I understand that my employment is contingent upon passing a pre-employment drug test.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards for employment required by law, licensure, regulations, or policies of the company, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given in my application or in any aspect of the employment process may result in discharge. I understand also that the Immigration Reform Control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United States and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. In consideration of my employment, I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself. I understand that no company representative other than the president has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the employer reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information.

If employed, I agree to inform the company if I obtain any other employment while working for the company. In Kentucky, for this type of employment State law requires a criminal record check as a condition of employment. I hereby acknowledge that I have read and understand the above statements.

Applicant Signature _____ Date _____