# **Application for Employment**

## **Please print**

Date of application	Position applying for		
Name			
(Last)	(First)	(Middle)	
Address	City / St	ate / ZIP	
Home telephone ())	Cell	telephone ()	
Are you at least 18 years of age? Years o		ou furnish a work permit? Yes No	))
Have you ever been employed here befor	e? Yes No If yes, give d	ate	
Are you employed now? Yes	_No May we contact your present e	mployer? Yes No	
Can you, if hired, submit verification of	our legal right to work in the U.S.?	Yes No	
		nent authorization and identity compliance de this proof of legal status at the time you	6
On what date would you be available for	work?	Expected salary:	
Are you available to work: Full 7	ime Part Time Occasiona	1	
What days? S M T W T F S W	hat hours? 7-3 3-11	11-7 Other	
Are you on a layoff and subject to recall?	Yes No		
•		been convicted of a crime other than a sim ovisions, in this state or any other state?	
If so, explain:			
Are there currently any criminal charges	pending involving you, or are you under	investigation for child or dependent adult a	abuse?
If so, explain:			

### **EDUCATION**

School Name	Elementary	High School	College/University	Graduate/Professional
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				

Educational honors; extra-curricular activities; professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment:

Special skills and qualifications, including those acquired from employment or other experience:

#### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer Telephone	Dates Employed		Work performed
( )	From	То	
Address			
Job title	Hourly rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving			
Employer Telephone	Dates Employed		Work performed
( )	From	То	
Address			
Job title	Hourly rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving	-		

If additional space is needed, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application.

### **APPLICANT'S STATEMENT**

#### PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are rue and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill <u>all</u> aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Witness

### AN EQUAL OPPORTUNITY EMPLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law. ihca072010

# **Confidential Reference Inquiry Form**

(Applicant please complete the following and reference information)

I have applied for employment at Grandview Heights Rehab and Healthcare. I authorize you to release all information requested below by GVH, including information concerning my character, habits, and reason(s) for leaving your company. The following may help in identifying my records.

Name:	Social Security Number:					
Position:	to:					
Applicants Signature:				Date:		
		Refe	ence 1			
Company Name:	Super	visor Nai	me:			
Company Address:			P	hone:		
Office Use Only Do Not Complete	Excellent	Good	Standard	Fair	Poor	
Job Performance						
Attendance						
Quality of Work						
Ability to Work with Others						
	Yes	No				
Rehire able						
Company Name:	Super		r <b>ence 2</b> me:			
Company Address:			P	hone:		
Office Use Only Do Not Complete	Excellent	Good	Standard	Fair	Poor	
Job Performance						
Attendance						
Attendance Quality of Work						
Quality of Work	Yes	No				