



PINE LAKE HEALTH, LLC WAVERLY HEALTH CARE

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. IT IS OUR INTENTION THAT ALL QUALIFIED APPLICANTS BE GIVEN EQUAL OPPORTUNITY AND THAT SELECTION DECISIONS BE BASED ON JOB-RELATED MATTERS.

Please read this carefully before filling out the application form.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request a background check, and if so, I will be required to sign a release form.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release sue person and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read and understand, and by my signature consent to these statements. This application for employment will remain in effect for 6 months.

Signature: _____ Date: _____

PERSONAL INFORMATION

(Please Print)

Name (Full)		Last	First	Middle
Other Names Used: Include aliases, maiden and nick names				
Address				Apt. #
City		State		Zip
Phone (Home)		Phone (Work)		Social Security Number
Have you used any names of Social Security Numbers other than those given above? If yes, list here:				

EMPLOYMENT INFORMATION

Position(s) Applied For		Date of Application	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been fired from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
What category would you prefer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		On what date would you be available for work?	
For which schedule are you available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Other _____			
*Have you ever been convicted of any law violation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Include any plea of guilty or no contest. Exclude minor traffic violations.) *A conviction will not necessarily disqualify an applicant for employment.			
If yes, give dates, court locations and sentence.			

EDUCATION

	Name and Location of School (Location should be name of City, State, Zip)	Date		Graduate Degree?
		From	To	
High School				
College or University				
Other Training Or Schools				
What skills or additional training do you have that are related to the job for which you are applying?				
What machines or equipment can you operate that are related to the job for which you are applying?				

RESIDENCE HISTORY

Previous Address		
City/State/Zip	From	To

Previous Address		
City/State/Zip	From	To

DRIVING HISTORY

Do you currently have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type:	Lic./ID#	State	Other
List the states where you have had a license in the past five years?			
Have you had your driver's license suspended or revoked in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:			

PROFESSIONAL REFERENCES

Below, give the names of four persons not related to you whom you have known at least one year.	
1.	Phone #
2.	Phone #
3.	Phone #
4.	Phone #

EMPLOYMENT EXPERIENCE

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business reference.
 Note: a job offer may be contingent upon acceptable references from current and former employers.

Employer – current or last	Employment Dates From - To	Hourly Rate/Salary Start - Final
Address		
City/State/Zip	Phone Number	
Job Title and Duties		
Supervisor	<i>Name</i>	<i>Department</i>
Co-Worker	<i>Name</i>	<i>Department</i>
Reason for Leaving		

Employer	Employment Dates From - To	Hourly Rate/Salary Start - Final
Address		
City/State/Zip	Phone Number	
Job Title and Duties		
Supervisor	<i>Name</i>	<i>Department</i>
Co-Worker	<i>Name</i>	<i>Department</i>
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Reason for Leaving		