



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Last Name (Print)		First Name	Middle	Type of Work or Position Desired	
Social Security No.		Salary Requirement		Date Available For Work	
Present Address		City		Zip	Telephone
Previous Address (list all addresses in the US for the past 5 years)				From	To
				From	To
				From	To
				From	To
Note: Please enter your age only if you are under 18 years of age		Have you ever been bonded?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you ever been refused a bond?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
By whom were you referred? <input type="checkbox"/> Own accord <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employer <input type="checkbox"/> Name of Newspaper Date of Newspaper <input type="checkbox"/> Other					
Have you ever worked for O'Neill Healthcare or an O'Neill Healthcare Facility before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			List any friends or relatives working for us.		
Is there any reason why you cannot perform the essential job functions for the position for which you apply, with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of, or pleaded guilty to, any felony or misdemeanor, excluding traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, when, what was it? - An affirmative response will not automatically exclude you from consideration.					
Have you ever been involved as a defendant in professional malpractice litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (where, when, etc)? - An affirmative response will not automatically exclude you from consideration.					
Type of employment desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Specify days and hours if part time:		Are you available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Nights		What is your means of transportation to work?	
Special skills or abilities you possess:					

EDUCATION

CIRCLE LAST YEAR OF SCHOOL COMPLETED												1	2	3	4	5	6	7	8	9	10	11	12	COLLEGE								1	2	3	4	5	6	7	8	TECHNICAL				1	2	3	4
Name and Location of School												Diploma/Degree								Program Or Major																											
High School																																															
College, University, Business, Technical, Or Military Schools																																															
Other																																															

PERSONAL REFERENCES

LIST TWO UNRELATED PERSONS WHO ARE ACQUAINTED WITH YOU. DO NOT LIST FORMER EMPLOYERS					
Name	Address		City and State	Yrs. Known	Telephone

FOR OFFICE USE ONLY (After Hired)

Position: _____	Comments: _____
1 st Day of Work: _____	_____
TP PT FT	_____
Rate: _____ U.A. _____	_____
Date of Birth: _____	_____
_____ SUPERVISOR'S SIGNATURE	

Please list previous employment experience, beginning with the most recent, including any U.S. military experience. If you have been "unemployed" give details.

Present or Most Recent Employer						Type of Business	
Full Address						May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Immediate Supervisor			Supervisor's Title			Telephone No.	
Your Job Title		Date of Employment From: _____ To: _____			Starting Salary \$ _____		Final Salary \$ _____
Summarize the Nature of Your Work & Responsibilities:					Reason(s) for Leaving		
First Prior Employer						Type of Business	
Full Address						May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Immediate Supervisor			Supervisor's Title			Telephone No.	
Your Job Title		Date of Employment From: _____ To: _____			Starting Salary \$ _____		Final Salary \$ _____
Summarize the Nature of Your Work & Responsibilities:					Reason(s) for Leaving		
Second Prior Employer						Type of Business	
Full Address						May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Immediate Supervisor			Supervisor's Title			Telephone No.	
Your Job Title		Date of Employment From: _____ To: _____			Starting Salary \$ _____		Final Salary \$ _____
Summarize the Nature of Your Work & Responsibilities:					Reason(s) for Leaving		
Third Prior Employer						Type of Business	
Full Address						May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Immediate Supervisor			Supervisor's Title			Telephone No.	
Your Job Title		Date of Employment From: _____ To: _____			Starting Salary \$ _____		Final Salary \$ _____
Summarize the Nature of Your Work & Responsibilities:					Reason(s) for Leaving		

I, the undersigned, have been advised and am fully aware that a representative of the facility will be conducting a thorough investigation of my background. I realize that, in conducting this background investigation, the facility will be making inquiries of officials and record offices at schools which I have attended, police or courts with whom I may have an arrest or conviction record, present and previous employers, and any other persons who may be able to provide information about me which the facility desires. Furthermore, I understand that, if hired, the facility will conduct an investigation of my background no less than every five years.

I hereby give my permission and waive all provisions of law forbidding any school official, court, police agency, employer, firm, or person from disclosing any knowledge or information they have concerning me which is requested or desired by the facility. I further consent that the Administrator or his designee be provided with a copy of such record concerning me which they may desire.

I also attest to the following:

1. That I have not been convicted of, or pleaded guilty to, any of the crimes that would disqualify me from working with older adults under S. B. 160.
2. That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults or, if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.
4. I understand that employment is a 30 day conditional period based on the results of the criminal background investigation.

I recognize the right of the facility to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent, including, but not limited to, the names of such confidential sources, and information obtained therefrom.

I understand that, if I am hired by the facility, my employment is at-will – meaning that it is for no definite period of time and can be terminated by me or the company, with or without cause or notice, at any time. I also understand that no representative of the Company other than the Company's president, has the authority to enter an agreement with me contrary to the foregoing, and I understand that any agreement that the president might enter with me contrary to the foregoing must be in writing to be enforceable.

I understand and hereby acknowledge that the Facility's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Facility, its employees, agents and contractors from any and all liability whatsoever arising from this request from testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and to the Facility's examining physician.

I further acknowledge that the Facility has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still want to be considered for employment, it will be necessary for me to fill out a new application. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, any statements I have falsified, or any material omissions on this application shall be grounds for dismissal. I also understand that if employed by the Company, I am required to abide by all rules and regulations.

Signature of Applicant

Date _____