



APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY ON ALL PAGES

Date _____

APPLICANT INFORMATION

Position(s) applied for _____

Name _____
Last, First, Middle

Address _____
Street

Telephone _____ (h) _____ (c)
City, State, Zip

E-mail address _____

May we contact you at work? _____ ☐ Yes ☐ No

Have you ever worked for, this company? ☐ Yes ☐ No **If yes, where:**
(Parkview, Broadmeadow, Harbor, Capitol, Renaissance, Cadia Rehab Pike Creek or Riverside, Cadia Rehab Silverside, PMX, New Castle Pharmacy, Onix Group or Onix Hospitality)

Dates: From _____ to _____

Do you have any relatives working for this company? ☐ Yes ☐ No
If yes, state name and relationship _____

Did anyone refer you? ☐ Yes ☐ No If yes, state his/her name _____

How did you hear about us? _____

Are you legally eligible for employment in this country?(proof will be required) ☐ Yes ☐ No

Are you under 18 years of age? ☐ Yes ☐ No (If under 18 years of age, a work permit will be required)

Date available for work: ____/____/____ Salary desired: _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Weekends ☐ Holidays

What shift do you prefer: ☐ 7a-3p ☐ 3p-11p ☐ 11p-7a

Note: Our Company provides services 24 hours a day, 7 days a week. While our desire is to be flexible with all of our employees in scheduling, we reserve the right to alter work schedules in order to meet our business needs and provide the highest quality of service.

We are a SMOKE FREE ORGANIZATION. Do you smoke? ☐ Yes ☐ No

Have you ever received a verdict other than Not Guilty in any kind of criminal proceeding, including but not limited to felonies or misdemeanors? ☐ Yes ☐ No
If yes, please explain _____

(Conviction will not necessarily disqualify you from employment. Facts such as time, the seriousness and nature of the violation and rehabilitation will be considered)

TRAFFIC CONVICTIONS or ACCIDENT RECORD FOR PAST 3 YEARS (Other than Parking)

Date	State/City	Charge/Violation/Nature of Accident	Penalty

EMPLOYMENT HISTORY

This section must be completed, even if a resume is also submitted. All areas must be completed.

Please list all current and prior employment starting with the most recent. At the end of this section please account for any time during this period in which you were employed. Indicate military assignments.

May We Contact Your Present Employer? ☐ Yes ☐ No

Date Employed from: _____ to: _____ Salary/Hourly Wage: _____

Employer: _____ Telephone: (____) ____ - _____

Address: _____

Position: _____ Reason for Leaving: _____

Responsibilities: _____

Were you disciplined during your employment? (*Counseled, suspended, discharged, etc.*) ☐ Yes ☐ No

If yes, please describe fully: _____

Number of days absent in the last year of employment _____ Number of days tardy in the last year _____

What was your last performance appraisal rating? _____

Date Employed: _____ to: _____ Salary/Hourly Wage: _____

Employer: _____ Telephone: (____) ____ - _____

Address: _____

Position: _____ Reason for Leaving: _____

Responsibilities: _____

Were you disciplined during your employment? (*Counseled, suspended, discharged, etc.*) ☐ Yes ☐ No

If yes, please describe fully: _____

Number of days absent in the last year of employment _____ Number of days tardy in the last year _____

What was your last performance appraisal rating? _____

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Date Employed: _____ to: _____ Salary/Hourly Wage: _____
Employer: _____ Telephone: (____) _____ - _____
Address: _____
Position: _____ Reason for Leaving: _____
Responsibilities: _____

Were you disciplined during your employment? (*Counseled, suspended, discharged, etc.*) ☐ Yes ☐ No
If yes, please describe fully: _____

Number of days absent in the last year of employment _____ Number of days tardy in the last year _____
What was your last performance appraisal rating? _____

Date Employed: _____ to: _____ Salary/Hourly Wage: _____
Employer: _____ Telephone: (____) _____ - _____
Address: _____
Position: _____ Reason for Leaving: _____
Responsibilities: _____

Were you disciplined during your employment? (*Counseled, suspended, discharged, etc.*) ☐ Yes ☐ No
If yes, please describe fully: _____

Number of days absent in the last year of employment _____ Number of days tardy in the last year _____
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Date Employed: _____ to: _____ Salary/Hourly Wage: _____
Employer: _____ Telephone: (____) _____ - _____
Address: _____
Position: _____ Reason for Leaving: _____
Responsibilities: _____

Were you disciplined during your employment? (*Counseled, suspended, discharged, etc.*) ☐ Yes ☐ No
If yes, please describe fully: _____

Number of days absent in the last year of employment _____ Number of days tardy in the last year _____
What was your last performance appraisal rating? _____

Please explain any gaps in employment _____

EDUCATION

	NAME	Did you graduate	Course of Study	Degree Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROFESSIONAL LICENSURE/CERTIFICATION

Type of License or Certification	Issue State or Organization	Number	Effective Date	Expiration Date

List any other information you would like to have considered: special skills, training, language, awards, etc. List memberships in professional organizations (exclude any information that would indicate gender, race, religion, national origin, age, sexual orientation, disability or other legally protected status).

REFERENCES

Please list three references (non-relatives):

Name	Address	Telephone	Years Known

APPLICANT'S CERTIFICATION & ACKNOWLEDGMENT

(If there is any part of this page that you do not understand, please ask the interviewer about it before signing)

I certify the answers on this application are true and complete to the best of my knowledge. **I realize that falsification and/or omission by me on this application will be cause for termination, if I am later employed.**

I realize that all statements made here are subject to verification. I authorize and consent to any person or employer noted in this application to provide this company with any and all information about my past jobs, education, or any other knowledge about me upon their request. I release from all responsibility, all persons or employers giving such information. For purposes of verification, a photocopy of this authorization shall be counted as an original and valid.

I realize that if employed, I am free to resign at any time and this company reserves the right to end my employment at any time, with or without cause and with or without prior notice. In addition, I realize that neither this application nor any other job offer with this company can be considered an employment contract. I realize that no person of this company has any right to promise something different.

I realize that employment depends upon the successful completion of pre-employment testing, which includes the following: reference checks/service letters, criminal background check, child and abuse registry checks, exclusion checks, substance abuse screenings and verification of licensure/certification where applicable.

If hired, I also agree to submit to alcohol and/or drug testing as a condition of employment. I agree that this company may conduct alcohol and/or drug screening based on current company policy. I also realize that if I refuse to submit to an alcohol/drug screen, it will be considered my free choice to resign from the company.

If hired, I consent to have pictures and/or video taken of me for publication and/or publicity and such consent does not give me the right to any reward of money.

I realize that if offered a job, I must submit proof of my identity and legal right to work in the United States on my first day of employment.

If the job involves driving in the course of the workday, I realize that I must have a current and valid driver's license and that a copy of my official driving record and proof of insurance must be provided. I also realize that any offer of employment is based on my ability to be covered by this company's auto insurance, if required for this job.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions as written in this application.

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. RACE, COLOR, RELIGION, AGE, GENDER, NATIONAL ORIGIN, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY AND OTHER CATEGORIES PROTECTED BY LAW ARE NOT FACTORS IN EMPLOYMENT, PROMOTION, COMPENSATION, OR WORKING CONDITIONS.

Signature: _____ Date: _____