

Application for Employment

It is the policy of this company to provide equal opportunity with regard to all terms and conditions of employment. This company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, gender, disability, veteran status, age or any other protected characteristic.



Rim Country Health

Skilled Nursing & Rehabilitation

PERSONAL INFORMATION Complete all applicable information

Name (Last, First, MI)			
Position applied for		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Pool <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Street Address		City	State
Home Phone	Business Phone	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	When could you start employment?
Have you previously been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When/Where:			
Have you ever applied for employment with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When/Where:			
Do you have relatives or friends who work for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who:			

EMPLOYMENT HISTORY List below last three employers, starting with the most recent one first

Name of Company		Present or Last Position	
Street Address		City	State
Duties:		Reason for Leaving	
Starting Salary		From Mo/Yr:	
Final Salary		To Mo/Yr:	
Name of Supervisor		Title/Dept. of Supervisor	
Phone Number of Supervisor			
Name of Company		Next Previous Position	
Street Address		City	State
Duties:		Reason for Leaving	
Starting Salary		From Mo/Yr:	
Final Salary		To Mo/Yr:	
Name of Supervisor		Title/Dept. of Supervisor	
Phone Number of Supervisor			
Name of Company		Next Previous Position	
Street Address		City	State
Duties:		Reason for Leaving	
Starting Salary		From Mo/Yr:	
Final Salary		To Mo/Yr:	
Name of Supervisor		Title/Dept. of Supervisor	
Phone Number of Supervisor			

EDUCATIONAL INFORMATION

High School or GED	Degree/GED Earned ___ Yes ___ No	Subjects Studied	
Street Address	City	State	Zip
College	Degree Earned ___ Yes ___ No	Major	GPA
Street Address	City	State	Zip
College	Degree Earned	Major	GPA
Street Address	City	State	Zip
Graduate School	Degree Earned ___ Yes ___ No	Major	GPA
Street Address	City	State	Zip
Vocational/Other	Degree Earned ___ Yes ___ No	Major	GPA
Street Address	City	State	Zip

GENERAL

Additional Space (if needed)
If applying for a clerical position, what business equipment are you familiar with?
What computer software are you proficient in?
Have you ever been convicted of a felony or serious crime? ___ Yes ___ No If yes, please explain:
Conviction does not necessarily prevent employment.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

<ul style="list-style-type: none"> In consideration of my employment, I agree to conform to the policies and procedures of this company. I understand that in accepting this application, this company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause and with or without notice at any time. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omissions of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated. I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms. By signing this application, I authorize this company to perform a background check and check personal references. 	
Signature	Date

FOR OFFICIAL USE	Hire Date	Policy	___ Full Time	Notes:
	Position	Rate	___ Part Time	
			___ Pool	