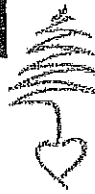


Application for Employment

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

PROFESSIONAL REFERENCE CHECK

Name of Applicant _____ Date of Hire _____

Release of Information

I authorize Rim Country Health and its designated representatives to contact my former employers to collect pertinent information regarding my past employment. I further authorize my former employer to respond to the questions set forth by Rim Country Health and its designated representatives.

I _____ Give Rim Country Health permission to contact my former employer _____ at the following phone number _____ to complete this reference check.

Signature of employee

Date

1. Was this individual employed with your company: _____
2. Dates of employment: _____ to _____
3. Position: _____
4. Is this individual rehire able: _____
5. Any other pertinent information you would like to share:

Completed by: _____ Date: _____

PERSONAL REFERENCE QUESTIONS

Name of applicant _____

Date of hire: _____

Release of Information

I authorize Rim Country Health and its designated representatives to contact my current and former employers and personal references in order to investigate all pertinent information regarding my current and past employment and information contained on my application. I further authorize my current and former employers and personal reference to respond to the questions set forth by Rim Country Health and its designated representatives.

I _____ Give Rim Country Health Permission to contact _____
at the following phone number _____ as a personal reference check for employment

Signature of applicant

Date

1. How long have you known this person? _____

2. What is your relationship with this applicant? _____

3. Do you know of any reason we might not want this person to work with elderly people?

_____ If yes, what is that reason? _____

4. In your experience with this individual, have you found him/her to be:

Reliable? _____

Patient? _____

Compassionate? _____

7. Please complete the following sentences with regard to this applicant:

a. I would best describe this individual as

b. This person's strengths include

c. This person could be more effective if he/she worked to improve

8. Is there anything else you might be able to tell us about his individual that would help us to make an employment decision?

Person completing reference check

Date

PERSONAL REFERENCE QUESTIONS

Name of applicant _____

Date of hire: _____

Release of Information

I authorize Rim Country Health and its designated representatives to contact my current and former employers and personal references in order to investigate all pertinent information regarding my current and past employment and information contained on my application. I further authorize my current and former employers and personal reference to respond to the questions set forth by Rim Country Health and its designated representatives.

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Date

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Reliable? _____

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Person completing reference check

Date