

EVERGREEN HEALTH & REHAB

Employment Application
Revised 04/08

Today's Date: ____/____/____

Expected rate of pay: \$_____/hr

Date Available: ____/____/____

Type of employment you are seeking:
___ Full Time ___ Part Time ___ Pool/PRN

Please check the position(s) you are applying for:

___ CNA	___ LPN	___ RN	___ Dietary
___ CNA Class	___ Laundry	___ Housekeeping	___ Cook
___ Social	___ Activities	___ Maintenance	___ Medical Records
___ Other (Please specify) _____			

(This application for employment will not be considered and further processed if it is found to be incomplete)

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle

Address: _____
Street Address Apt. City State Zip

Phone # (____) _____ - _____ Alternate #: (____) _____ - _____ Cell #: (____) _____ - _____

Are you 18 years of age or older? ___ Yes ___ No

If under 18, applicant will be required to submit a certificate as required by state and federal law.

Do you have adequate, dependable transportation? ___ Yes ___ No

Do you have required uniforms? ___ Yes ___ No

EDUCATION:

Check the highest level of equivalence of education completed:

High School ___9 ___10 ___11 ___12 College/Technical ___1 ___2 ___3 ___4 Diploma/Degree Obtained? ___ Yes ___ No

Name and location of college, university or vo-tech attended: _____

BACKGROUND:

Have you ever been convicted of a felony? ___ Yes ___ No

(We complete criminal background checks on all new hires as required by Care Provider Elderly Disabled Act 990 of 1997)

Have you ever been disciplined, reprimanded or had legal action against you for violent behavior? ___ Yes ___ No

Have you ever been convicted of any type of theft or fraud? ___ Yes ___ No (If Yes, identify the crime for which you were convicted. Please provide details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as a part of an overall evaluation of your qualifications: _____)

(If assistance in the application or hiring process is needed to accommodate a disability, please advise us)

EMPLOYMENT HISTORY:

Starting with your present employer, list your entire employment history. For any unemployed or self-employed periods, show dates and location. Attach additional sheets if necessary.

Dates of Employment:
_____ to _____

Dates of Employment:
_____ to _____

Dates of Employment:
_____ to _____

Name and Address of Company

Name and Address of Company

Name and Address of Company

Phone #: (____)____-_____

Phone #: (____)____-_____

Phone #: (____)____-_____

Position _____

Position _____

Position _____

Supervisor's Name: _____

Supervisor's Name _____

Supervisor's Name: _____

Last Rate of Pay: \$ _____

Last Rate of Pay: \$ _____

Last Rate of Pay: \$ _____

Reason for Leaving: _____

Reason for Leaving: _____

Reason for Leaving: _____

If currently employed, may we contact your current employer? ___Yes ___No

REFERENCES:

List 3 people (no relatives), with whom you have worked or have known, as it relates to your work history.

Name: _____

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Address: _____

Phone# (____) _____

Phone# (____) _____

Phone# (____) _____

AVAILABILITY:

Sunday___ Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Anytime_____

Shifts Available:

6AM-2PM_____ 2PM-10PM_____ 10PM-6AM_____ PRN/Call_____ Anytime_____

IMPORTANT (Please read carefully)

We are glad you are interested in joining us in this important work. Please read the following statement carefully before you sign and return this application.

The company, in considering my application for employment, may verify the information set forth on this application and obtain additional background information where legal relating to my background. I authorize all persons, schools, employers, companies, corporations, credit bureaus, CAN Registry, OLTC Employment Registry and law enforcement agencies to supply any information concerning my background. **I have read and understand and agree to this statement.**

Please initial here:_____

I certify that the information on this application is correct and I UNDERSTAND that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment, and if hired, I will be able to resign at any time for any reason. Likewise, the facility can terminate my employment at any time without reason. I further understand that no one has the authority to enter into an employment contract or agreement with me, and that my at will employment can be changed only by a written agreement by the Administrator. **I have read and understand and agree to this statement.**

Please initial here:_____

I understand that this application is good for only sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and return it here. Otherwise, the company will not consider me for employment after this application expires.

Signature as it appears on Social Security Card

Date of Application

Evergreen Health and Rehab, Inc. is an Equal Opportunity Employer

Evergreen Application for Employment:

Extra space (if required) for information: