

Applicant Name _____ Date _____

Title _____ Shift applied for _____ Hire Date _____

*Harborview Health Care Center
Nursing Facility and Rehab
Employment Application*

*Working As A Team
Providing Residents
And Family Services
With Compassion And
Quality.*

WELCOME APPLICANT

Thank you for your interest in applying for a position at Harborview. Enclosed you will find the application which must be filled out completely before being turned in for consideration in obtaining a position.

ANY APPLICANT FOR EMPLOYMENT WHO WILLFULLY FURNISHES, SUPPLIES OR OTHERWISE GIVES FALSE INFORMATION ON AN EMPLOYMENT APPLICATION THAT IS THE BASIS FOR A CRIMINAL HISTORY RECORD CHECK UNDER THIS SECTION SHALL BE GUILTY OF A CLASS A1 MISDEMEANOR (NCGS 131E-265(e)).



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

(Please Print Clearly)

Please Completely Fill Out All Requested Information Below; If Not Applicable Please Indicate By Marking N/A.

PERSONAL INFORMATION			Date Of Application	Date Available	
NAME	Last	First	Middle	Social Security Number	
Present Address			Street Or Post Office Box		Telephone Numbers
City	State	Zip Code		Home	Cell
If you cannot be reached at above phone number, where may we contact you?				Name Of Person	Phone Number
EMPLOYMENT DESIRED			Will You Accept Employment Of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? Are You 18 Years Of Age Or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No How Did You Learn Of This Opening? _____		
Type Of Work Desired	Shift	Salary			
First Choice					
Second Choice					
Third Choice					
EDUCATION	Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16 16+				
Name Of School	Location (City & State)	Courses Taken		Completed & Date	Type Degree Or Certificate Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
Vocational Or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
Professional Education				<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
List Any Extracurricular Activities While In School:					
List Any Memberships Of Professional Organizations:					
List Any Honors Received, Volunteer Or Community Service Or Other Qualifications You Have Which You Feel Are Related To the Position For Which You Are Applying:					
MILITARY SERVICE	Were You Ever A Member Of The United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, What Branch	Job Title	Rank At Discharge	Dates Of Service: From ____/____/____ To ____/____/____ <small>Month Day Year Month Day Year</small>		
Are You Currently A Member Of The Inactive Ready Reserve Or Active Reserve Or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, What Branch	Job Title	Rank	Dates Of Service: From ____/____/____ To ETS Date ____/____/____ <small>Month Day Year Month Day Year</small>		
PROFESSIONAL LICENSES AND/OR CERTIFICATION					Verified
Type	Organization Or State Issued	Date Issued	Number		

EMPLOYMENT RECORD – List Last Or Present Position First (Please Provide Information For Last 10 Years)

Present And Former Employers		Dates Employed	Salary Range	Position & Duties
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				

REFERENCES – Must List Three (3) (Cannot Be Family – Preferably Someone You Have Known 1 Year, Who Can Speak To Your Work Performance)

Name	Contact Phone Number	Relationship	Years Acquainted

CRIMINAL HISTORY

Have You Ever Been Charged, Arrested or Convicted Of A Crime? Yes No

If Yes, For What, When, And Where?	What	When	Where

Conviction Of A Criminal Offense Will Not Necessarily Preclude Your Employment.

AVAILABILITY RECORD		Please Indicate Days And Hours You Are Available For Work (Be Specific)		
		Day	From	To
Primary Position Desired _____	Will You Accept Another Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday	AM	AM
			PM	PM
If So, What? _____		Monday	AM	AM
			PM	PM
Are You Available To Work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotation Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tuesday	AM	AM
			PM	PM
Do You Limit Your Annual Earnings Due To Social Security Or Other Reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please State What Is The Maximum Amount You Wish To Earn! Amount _____	Wednesday	AM	AM
			PM	PM
I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.		Thursday	AM	AM
			PM	PM
Applicants Signature _____ Date _____		Friday	AM	AM
			PM	PM
		Saturday	AM	AM
			PM	PM

PREVIOUS HARBORVIEW EMPLOYMENT

Have you ever been an employee of Harborview? Yes No If Yes, please complete information below:

Dates Of Employment	Position Held	Supervisor's Name	Reason For Leaving
Month / Day / Year To Month / Day / Year			

EMPLOYMENT UNDERSTANDING (Please Read And Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform. In addition I understand that an offer of employment may be contingent on passing a drug screen test.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____	Date _____
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EMERGENCY CONTACT INFORMATION – Do Not Answer Questions In This Area – To Be Completed After Employed

Name And Address Of Person To Notify In Case Of Emergency					Relationship	Phone Number
Date Of Birth	Marital Status	Sex	Nationality	Number And Ages Of Children	What language(s) (Other Than English) Do You Speak?	

**INTERVIEW FORM
SUGGESTED QUESTIONS**

QUESTION	APPLICANT'S ANSWER
1. Tell us what you liked best/least about your last or current position.	
2. What do you perceive as one of your outstanding personal strengths?	
3. What do you perceive as one of your personal weaknesses?	
4. Describe you ideal job.	
5. What in your past work experience particularly qualifies you for this job?	
6. What do you feel would be the most important qualification for a person working in a long term health care facility?	
7. Additional Questions Ask?	
8. Additional Questions Ask?	
9. Additional Questions Ask?	
10. Additional Questions Ask?	
11. Additional Questions Ask?	
12. ADDITION REMARK:	

INTERVIEWER'S EVALUATION

On Time	Appearance	Relates To Others	Commitment Level
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No Specific):	

TELEPHONE REFERENCE CHECK

MOST RECENT PREVIOUS EMPLOYER

	EMPLOYMENT DATES		WOULD AGENCY REHIRE	
	FROM	THRU	YES	NO
	YYYY / MM	YYYY / MM	<input type="checkbox"/>	<input type="checkbox"/>

IF NO REHIRE, EXPLANATION:

AREA Check One For Each Area)	GOOD	ADEQUATE	POOR
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productive Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

OTHER PREVIOUS EMPLOYER

	EMPLOYMENT DATES		WOULD AGENCY REHIRE	
	FROM	THRU	YES	NO
	YYYY / MM	YYYY / MM	<input type="checkbox"/>	<input type="checkbox"/>

IF NO REHIRE, EXPLANATION:

AREA Check One For Each Area)	GOOD	ADEQUATE	POOR
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productive Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

Facility Representative (Last, First MI.)	Title	Signature	Date
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For Personnel Office Use Only

Hired	For What Department	Position
Salary (Per Hour)	Starting Date	Comments

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◆ Applicants, Please Complete Boxed Area Only ◆

I, _____ hereby authorize you to release to Harborview any information you may have available concerning my employment with your organization and release you from any liability for damages arising from the release of that information.

Signature of Applicant

Social Security Number

Date

Current / Previous Employer

Address (Street or P.O. Box)

City, State, Zip Code

Dear _____

The above named individual has applied with Harborview for the position of _____
_____. Please supply the following information concerning their employment with you.

Any information you provide will of course be kept confidential.
Thank you.

Printed Name Of Facility Representative/Title

Signature

Date

Beginning / Ending Dates of employment _____

Title _____ Eligible For Rehire? _____

Characteristics	Not Known	Poor	Average	Good	Excellent
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Printed Name & Title Of Person Completing Form

Signature

Date