

**Application for Employment**

This facility's policy is to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other category protected by law.

**Personal Information**

Today's date \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Social Security #  
 Address \_\_\_\_\_  
 Street City State Zip Ph #

If you cannot be reached at the above address/phone number, where may we contact you? \_\_\_\_\_ Ph # \_\_\_\_\_

Employment Desired		
Type of work desired	Shift	Wage
1st Choice		
2nd Choice		
3rd Choice		

Will you accept employment  full time?  part time?  temporary?  
 Are you 18 years of age or Older?  Yes  No  
 Are you employed now?  Yes  No  
 May we contact your present employer?  Yes  No

How did you hear about us? \_\_\_\_\_

Have you ever been previously employed by another facility owned by Sweetwater Care, Inc.?  Yes  No Name \_\_\_\_\_

**Education**

Circle the highest grade completed 8 9 10 11 12 13 14 15 16 Scholastic honors? \_\_\_\_\_

	Name of School	City/State	Courses taken	Completed?	Degree or Certificate received
Grammar					
High School					
College					
Votech					
Professional					
Lab/Xray					

Can you perform all of the essential functions of the position for which you are applying, with or without reasonable accommodation? (If you do not understand the essential functions, please ask the interviewer to provide you with a job description or to describe them in detail to you)  Yes  No If No, explain: \_\_\_\_\_

Extracurricular Activities while in School \_\_\_\_\_

Professional organizations \_\_\_\_\_

Other qualifications or special skills that pertain to the position you are applying for: \_\_\_\_\_

Were you in the Armed Forces  Yes  No If Yes, What branch? \_\_\_\_\_

Dates of Duty \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
 Month Day Year Month Day Year

Professional Licenses and/or Certifications				
Type	Organization or State Issued	Date Issued	Number	Verified?

Employment History (List present employer first)			
Present and Former Employers	Date	Salary Range	Position & Duties
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
May we contact you current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After accepting job offer			
Reason for leaving/wanting to leave? _____			

Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			
Name	From	Starting	
Address			
City/State/Zip	To	Ending	
Supervisor Phone			

**Conduct**

Do you have a record of founded child or dependent adult abuse or have you been convicted of a crime in this state or in any other state?  
 Yes     No    If Yes, please explain. \_\_\_\_\_

Have ever been counseled or disciplined for:

Attendance     Yes     No                  Resident/Patient abuse and/or neglect     Yes     No  
Tardiness       Yes     No                  Work Performance                                   Yes     No

Are you now or have you ever been the subject to an investigation by any licensure or certification board or other similar agency?  Yes     No  
If yes, describe the nature of each investigation, the agency involved, any case or file numbers and the outcome of each investigation \_\_\_\_\_

Have you ever been denied a license or certification or has any license or certification you have held been suspended or revoked  Yes     No  
if yes, describe the date(s) of each suspension or revocation, the reasons for suspension or revocation, any case or file numbers and the current status of the particular license or certification. \_\_\_\_\_

**Employment Understanding**

I certify that the information contained in this application is true and complete; any falsification, misrepresentation or omission on the application may result in not being hired or being discharged.

I authorize my current and previous employers and educational institutions, any law enforcement or other governmental agencies, and any references to release any information to the facility, that it deems necessary to evaluate my application for employment, unless the release of such information is prohibited by law. I understand that such information will not be disclosed to me, except as required by law. I release the facility and all other organizations and individuals from liability in connection with the release and use of such information.

I understand that any offer of employment to me is contingent upon this facilities decision within its sole discretion that the results of my criminal background check, drug screen and/or other reference and credential checks are satisfactory.

I understand that the at-will nature of my employment can only be modified through written employment agreement signed by the company president and by me. I understand that no other member of the company's management staff has the authority to make written or oral promises and guarantees of employment that would alter my at-will employment results.

A photostatic copy of this authorization and release may be accepted in lieu of the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_