



APPLICATION FOR EMPLOYMENT

Federal and state law prohibit discrimination in employment because of sex, sexual orientation, age, race, color, creed, religion, marital status, national origin, citizenship, liability for service in the armed forces of the United States or disability or any other protected classification.

POSITION APPLIED FOR _____

HOURS AVAILABLE _____ FULL TIME _____ PART TIME _____

IDENTIFICATION (Please Print Clearly)

NAME: _____ SOCIAL SECURITY #: _____
Last First MI

ADDRESS:

_____ Number and Street City/State/Zip code

HOME PHONE # _____ Email: _____

CELL PHONE # _____

Are you under 18 years old? Yes No If yes, state your age _____

If yes, do you have a work permit: Yes No

Are you a U.S. citizen or legally eligible to work in the United States? Yes No

(Please note that if you are extended a job offer you will be required to furnish proof of lawful work status)

Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes No

Have you ever had a non-criminal finding of abuse, neglect, mistreatment or misappropriation of residents' fund/ professional misconduct sustained against you? Yes No

Is there currently a non-criminal investigation of abuse, neglect, mistreatment or misappropriation of resident property and/or professional misconduct against you? Yes No

If yes, please describe:



EDUCATION (Name and location of High School, Vocational School and other education)

NAME OF INSTITUTION	ADDRESS	DEGREE	DID YOU GRADUATE
			<input type="checkbox"/> Yes / No <input type="checkbox"/>
			<input type="checkbox"/> Yes / No <input type="checkbox"/>
			<input type="checkbox"/> Yes / No <input type="checkbox"/>

Please list any federal or state licenses and the related numbers you currently hold which might be of use on the job: *(will need to provide original documents upon hire)*

PREVIOUS EMPLOYMENT

To help us value your skills, please list below ALL present and past employment; beginning with your most recent job including military service. If you need additional space, please continue on a separate sheet of paper.

EMPLOYER:	FROM:	TO
ADDRESS:	SALARY	JOB TITLE
REASON FOR LEAVING:	SUPERVISOR / TELEPHONE #	DUTIES
EMPLOYER:	FROM	TO
ADDRESS:	SALARY	JOB TITLE
REASON FOR. LEAVING:	SUPERVISOR/TELEPHONE #	DUTIES
EMPLOYER:	FROM	TO
ADDRESS:	SALARY	JOB TITLE
REASON FOR. LEAVING:	SUPERVISOR/TELEPHONE #	DUTIES

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? Yes No

IF NO, WHEN MAY WE DO SO? _____
(Please note that employment at this facility is contingent on the outcome of reference checks including present employer)



I hereby apply for employment with FoltsBrook Center and affirm that my answers to the foregoing questions are true and complete, and that I have not withheld any fact or circumstances that would, if disclosed; affect my application unfavorably. I understand that any misrepresentation in this application will be sufficient cause for rejection of any application or dismissal after employment eligibility.

So that FoltsBrook Center may be fully informed as to my character and qualifications, I refer to each school and college attended, to each of my former employers and to any other persons who may have information concerning me consenting and authorizing them to furnish a full transcript of my record and service, and any other information that they may have concerning me, and also to give them the cause of my leaving said school or said employment, agreeing, as this information is furnished at my express request and for my benefit, to hold such persons harmless. I do hereby release them from any liability for damages of whatsoever nature on account of furnishing such information.

After a tentative offer of employment has been made, I agree to take a job-related medical examination and authorize the examining physician to disclose the findings to FoltsBrook Center. I understand that, any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job related medical examination. If I am hired, a full transcript of my service with FoltsBrook Center, information as to my character, habits, ability, and the cause of my leaving its services may be given to any persons with whom FoltsBrook Center may hereafter seek employment, or any intended governmental agency or authority, and I hereby release FoltsBrook Center, from any and all liability damage of whatsoever on account of furnishing such information.

All employment with FoltsBrook Center is employment at-will that may be terminated at any time, with or without cause, and with or without notice to the employee.

Signature of Applicant

Date Signed

FOR HR PURPOSES ONLY		
Comments	Position	Hire Date
Salary	Benefits Information	