

Good Samaritans Living Center Employment Application

We do not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, age or handicap. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however its receipt does not imply that the applicant will be employed.

Employee Selection Procedure will include:

1. Evaluation of written application
2. Evaluation of past work history
3. Evaluation of past training and experience
4. Evaluation of physical and mental ability
5. Reference checks
6. Personal interview
7. Examination where applicable

A. PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____
FIRST MIDDLE LAST

PHONE NUMBER () _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

List any friends or relatives working for us _____

Have you worked for us before? _____ If yes, when? _____

Have you ever been convicted of or pled guilty to any criminal felony offense? Yes _____ No _____

B. EMPLOYMENT DESIRED

Position(s) _____

Salary Requirements: _____

Date Available for Work: _____

Hours desired: Full Time Part Time

Please specify days and hours: _____

How did you learn of this opening? _____

Are you currently employed? Yes No

If yes, may we inquire of your present employer? Yes No

Explain why you are interested in this position and how you are qualified through education, experience or self development. _____

C. EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED
Grammar School	_____	_____

High School	_____	_____

College	_____	_____

	Major: _____ Degree Received: _____	
Trade, Business	_____	
Correspondence	_____	

Training Courses	_____	

NURSING APPLICANTS, please give the following information:

Professional Registration/License Number: _____
 Date Issued: _____ State: _____ Expires: _____

D. WORK HISTORY

List below the last four employers, starting with last one first

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

TOTAL NUMBER OF JOBS HELD IN LAST 10 YEARS: _____

E. REFERENCES:

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	PHONE
1.			
2.			
3.			

THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT, NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE CHIEF EXECUTIVE OFFICER OF EMPLOYER AND THE EMPLOYEE.

I HEREBY DECLARE THAT MY ANSWERS TO THE FORGOING QUESTIONS ARE FULL, COMPLETE AND TRUE, AND THAT THEY SHALL FORM A PART OF MY APPLICATION FOR EMPLOYMENT.

I HEREBY AUTHORIZE ANY PHYSICIAN, PRACTITIONER OR HOSPITAL TO FURNISH EMPLOYER ANY INFORMATION REGARDING THE PRESENT OR PAST CONDITION OF MY HEALTH. I FURTHER AGREE TO TAKE ANY FUTURE PHYSICAL EXAMINATIONS EMPLOYER MAY DEEM NECESSARY.

I FURTHER AUTHORIZE EMPLOYER TO INVESTIGATE AND VERIFY ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT OR ANY OTHER INFORMATION PROVIDED BY ME AS MAY BE NECESSARY IN ORDER TO ARRIVE AT AN EMPLOYMENT DECISION.

I HEREBY RELEASE EMPLOYER FROM ANY LIABILITY WHATSOEVER AS A RESULT OF ANY SUCH INQUIRIES OR DISCLOSURES, INCLUDING, BUT NOT LIMITED TO, LIBEL, SLANDER, OR INTERFERENCE WITH EMPLOYMENT RELATIONSHIPS AS BUSINESS ADVANTAGES.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEW: Yes No Date _____ Hour _____

Interviewer's Comments _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____ Shift _____

Position _____ Dept. _____ Pay Grade _____

Full or Part Time _____ With/Without Benefits _____

Interviewed by: Personnel _____ Date _____

Department Head _____ Date _____

HIRED? Yes No IF YES, COMPLETE NEXT PAGE

