



APPLICATION FOR EMPLOYMENT

Directions: Thoroughly review job description prior to completing the application form. Please complete all pages of the attached application packet and 3 employment reference forms. Return the completed packet directly to our office.

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

FULL NAME	FIRST	MIDDLE	LAST
PRESENT ADDRESS	STREET	CITY	STATE ZIP
TELEPHONE (with area code)	CELL	EMAIL ADDRESS:	
	HOME	SOCIAL SECURITY NUMBER	
PERMANENT ADDRESS IF DIFFERENT FROM PRESENT ADDRESS:			
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? If yes, under what name?			
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Approximate date: mo/ yr Reason for leaving:			
HAVE YOU EVER BEEN FOUND TO HAVE COMMITTED ABUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Approximate date: mo/ yr Circumstances:			
HAVE YOU EVER BEEN CONVICTED OF A CRIME?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details, including date(s):			

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense.

POSITION AND SCHEDULE

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATIONS?		
EXPECTED WAGE	DATE YOU CAN START	ARE YOU AVAILABLE TO TRAVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW FAR FROM OFFICE?
DO YOU PREFER TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME IF PART TIME, HOURS PER WEEK DESIRED: _____ I am only available for PART TIME work because: <input type="checkbox"/> Student <input type="checkbox"/> Other job <input type="checkbox"/> Other (explain)	HOURS YOU ARE AVAILABLE TO WORK: DAYS OF WEEK YOU ARE AVAILABLE TO WORK: ARE YOU ABLE TO WORK: WEEKENDS <input type="checkbox"/> Yes <input type="checkbox"/> No NIGHTS <input type="checkbox"/> Yes <input type="checkbox"/> No HOLIDAYS <input type="checkbox"/> Yes <input type="checkbox"/> No OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

HIGH SCHOOL: NAME, CITY & STATE	GRADUATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	COURSE OF STUDY:
COLLEGE/UNIVERSITY: NAME, CITY & STATE	GRADUATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	COURSE OF STUDY:
BUSINESS, TRADE, OTHER: NAME, CITY & STATE	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No	COURSE OF STUDY:

LICENSURE & CERTIFICATION

TYPE	STATE	EXPIRATION DATE	TYPE	STATE	EXPIRATION DATE

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (10 years minimum)
ATTACH ADDITIONAL SHEET IF NECESSARY

NAME OF EMPLOYER		ADDRESS	
TELEPHONE	POSITION HELD	BEGIN DATE	
		END DATE	
DESCRIPTION OF DUTIES			
STARTING WAGE		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
ENDING WAGE			
NAME OF EMPLOYER		ADDRESS	
TELEPHONE	POSITION HELD	BEGIN DATE	
		END DATE	
DESCRIPTION OF DUTIES			
STARTING WAGE		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
ENDING WAGE			
NAME OF EMPLOYER		ADDRESS	
TELEPHONE	POSITION HELD	BEGIN DATE	
		END DATE	
DESCRIPTION OF DUTIES			
STARTING WAGE		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
ENDING WAGE			
NAME OF EMPLOYER		ADDRESS	
TELEPHONE	POSITION HELD	BEGIN DATE	
		END DATE	
DESCRIPTION OF DUTIES			
STARTING WAGE		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
ENDING WAGE			

EXPLAIN ANY PERIODS BETWEEN JOBS:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR RESIGNED IN LIEU OF TERMINATION?

NO YES IF YES, PLEASE EXPLAIN: _____

REFERENCES

LIST PERSONS WHO HAVE INFORMATION CONCERNING YOUR WORK HISTORY

NAME	OCCUPATION	BUSINESS PHONE	FAX NUMBER
ADDRESS	RELATIONSHIP TO YOU		HOW LONG KNOWN
HOME PHONE			
NAME	OCCUPATION	BUSINESS PHONE	FAX NUMBER
ADDRESS	RELATIONSHIP TO YOU		HOW LONG KNOWN
HOME PHONE			
NAME	OCCUPATION	BUSINESS PHONE	FAX NUMBER
ADDRESS	RELATIONSHIP TO YOU		HOW LONG KNOWN
HOME PHONE			

SUPPLEMENTAL INFORMATION

EQUAL EMPLOYMENT OPPORTUNITY • Ageia Health Services is an equal opportunity employer. This means we do not discriminate in employment decisions on the basis of race, color, national origin, citizenship status, creed, religion, sex, age, marital status, disability, political ideology, veteran status, or any category protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, reduction in force, recall, transfer, leaves of absence, compensation and training.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

Signature of this application gives the employer authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

YES NO

I understand that my employment may be subject to the satisfactory results of any examination required by this company, including a mandatory urine test to detect drug usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I recognize that my employment is at will and may be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President.

YES NO

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between this company or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

YES NO

I acknowledge that I have read, understand, and agree with the above. In addition, I hereby authorize any of the persons or organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.

YES NO

Signature of this application gives the employer authority to obtain a criminal history report.

Signature of Applicant

Date

Employment Reference

APPLICANT, PLEASE COMPLETE AND SIGN THIS TOP PORTION AND RETURN THE FORM WITH THE REST OF YOUR APPLICATION. PLEASE COMPLETE THREE (3) FORMS AND INCLUDE THE FAX NUMBER FOR EACH REFERENCE.

Applicant Name: _____ Social Security #: _____

Employer's Name: _____

Address: _____ Fax #: _____

City, State, Zip: _____

I authorize employment information to be released to this company:

Signature: _____ Date: _____

Dear Employer:

The individual above has applied to work for this facility and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the healthcare industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. Thank you in advance for your cooperation and assistance.

• Fax completed form to: () _____ - _____

Position(s) Held: _____ Employed From: _____ To: _____

Eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>	Exceeds Expectations	Meets Expectations	Below Expectations
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competency			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and clients			
Ability to Handle Stressful Situations			
Overall Job Skills			

Additional Comments: _____

Your Name: _____ Title: _____

Signature: _____ Date: _____