

CORAL DESERT REHABILITATION APPLICATION FOR EMPLOYMENT

We Consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied for:	Date of Application:
(Applications are considered active for 45 days)	

How did you learn about us? Advertisement Relative Inquiry Employment Agency Friend
Other: _____

Last Name:	First Name:	Middle Name:
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Full Address: _____

Telephone Number:	Social Security Number
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Best time to reach you at home is _____ : _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Do any of your friends or relatives work here? Yes No
If yes, give name: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (*Proof of citizenship or immigration status will be required upon employment.*) Yes No

Date available for work ___/___/___ What is your desired rate of pay? _____

Are you available to work: Full Time Part Time please circle...**Day...Grave...shift(s)**
please indicate dates available ___/___/___ - ___/___/___

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

EMERGENCY CONTACT INFO

In case of emergency, notify: _____ Relation: _____
Address: _____ Phone: _____

EDUCATION

	Name and Address of School	Courses of Study	Years Completed	Diploma / Degree
Elementary School				
High School Secondary				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Employed From:	To:	Work Performed:
Address:			
Telephone Numbers:			
Job Title:	Starting Rate	Ending Rate	
Supervisor:			Reason for Leaving:
Employer	Employed From:	To:	Work Performed:
Address:			
Telephone Numbers:			
Job Title:	Starting Rate	Ending Rate	
Supervisor:			Reason for Leaving:
Employer	Employed From:	To:	Work Performed:
Address:			
Telephone Numbers:			
Job Title:	Starting Rate	Ending Rate	
Supervisor:			Reason for Leaving:
Employer	Employed From:	To:	Work Performed:
Address:			
Telephone Numbers:			
Job Title:	Starting Rate	Ending Rate	
Supervisor:			Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Name:	Telephone Number
Address:	
Name:	Telephone Number
Address:	
Name:	Telephone Number
Address:	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

THIS PAGE IS FOR COMPANY USE ONLY

FIRST INTERVIEW

Conducted by: _____ Date: _____

SECOND INTERVIEW Conducted by: _____ Date: _____

REFERENCE CHECKS

Name of Company:	Person Contacted
Outcome:	
Name of Company:	Person Contacted
Outcome:	
Name of Company:	Person Contacted
Outcome:	

LICENSURE CHECK

Nursing License:	Expiration Date:
C.N.A. Registry:	Expiration Date:
Person contacted:	