

APPLICATION FOR EMPLOYMENT



This application will remain active for 90 days

Today's Date: _____

Name (Last) (First) (Middle Initial)

Present Address City State Zip

Years at present address: _____ (If less than two years, please provide previous address)

Previous Address City State Zip

Are you known by any other name? Yes No (If "yes", please provide the name you have used or by which you are known):

Phone Number Referred By

Position Applied For Date you can start Desired Salary \$

Available for which shift? Day Evening Night Full Time Part Time

Are there any hours of the day you would not be available for work? Yes No If yes the then why not

Nursing applicants: Licensed/Certified? Yes No License # Expiration Date:

Are you currently employed? Yes No May we inquire of your present employer? Yes No

Have you applied to St. Ignatius Nursing & Rehab Center before? Yes No If "yes", when?

Have you ever been terminated from any previous employment Yes No If "yes" for what reason?

Employment History (List last four employers, starting with your present or most recent employer)

Date (Month/Year) Employer Name/Address/Phone Position Salary Reason for Leaving

From: _____

To: _____

Job Responsibilities: _____

From: _____

To: _____

Job Responsibilities: _____

From: _____

To: _____

Job Responsibilities: _____

From: _____

To: _____

Job Responsibilities: _____

Name/Address of School

Years
Attended

Did you
Graduate?

Subjects
Studied

High School: _____

College: _____

Trade, Business or
Correspondence
School: _____

General Information - Subjects of special study/research work, or any other special training skills

Criminal Convictions - Conviction of one or more of the crimes listed in the Older Adult Protective Services Act (a copy of this list is available in the Human Resources Department) will result in denial of employment.

References - Please provide the names of three persons not related to you whom you have known for at least one year.

Name	Address	Phone #	Profession	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge, information and belief, and I understand that, if employed by St. Ignatius Nursing & Rehab Center, any false statements on this employment application shall be grounds for immediate termination of my employment.

I understand that St. Ignatius Nursing & Rehab Center will complete a thorough background investigation, including a criminal history background investigation. I authorize St. Ignatius Nursing & Rehab Center to investigate the truth of the statements made herein and the information provided. I further authorize St. Ignatius Nursing & Rehab Center to contact my former employers regarding any pertinent information they may have, personal or otherwise, and release St. Ignatius Nursing & Rehab Center from all liability for any damage that may result from the use of such information.

I also understand and agree that this application is not a contract of employment and understand and agree that no representative of St. Ignatius Nursing & Rehab Center has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative or St. Ignatius Nursing & Rehab Center.

Signature of Applicant

Date

St. Ignatius Nursing & Rehab Center is an Equal Opportunity Employer. No employment decision will be made on the basis of race, color, religion, national origin, sex, age, or non-job related disability.