

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Phone Number _____ Are you 18 years of age or older? Yes No

Referred By _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? Yes No

If So, May We Inquire Of Your Present Employer? Yes No

Ever Applied to this Company Before? Yes No Where _____ When _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other Than Religious (Civic, Athletic, etc.) _____

EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATED THE RACE, SEX, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS

Date Month and Year	Name and Address of Employer	Salary (Upon Leaving)	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without previous notice.

Date _____ Signature _____
 In Case of
 Emergency, Notify _____

Name

Address _____ Phone _____

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

Interviewed By _____ Date _____

REMARKS

INS for 1-9 completed? Yes No

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary
 Wages _____

Approved: 1. _____ 2. _____ 3. _____
 Employment Manager Dept. Head General Manager

EXTENDICARE HEALTH AND REHABILITATION CENTER

950 S. St. Andrews St.
Dothan, AL

Employer _____

Address _____

City _____ State _____ Zip _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the above individual, company or institution to furnish Extendicare Health and Rehabilitation center with any information they may have concerning me or my employment history. Any and all individuals connected with the release of this information, including Extendicare Health and Rehabilitation Center, are released from all liability for any damage whatsoever incurred in providing such information.

Date _____ Signature of Applicant _____

=====APPLICANT: DO NOT WRITE BELOW THIS LINE=====

Applicant's Name _____ Social Security No. _____

----- To Be Completed by Employer -----

Dates Employed _____ To _____ Position Held _____

Reason For Termination _____ Eligible For Rehire? Yes No

If No, Please Give Reason _____

EVALUATION	EXCELLENT	AVERAGE	BELOW AVERAGE
Quality of Work			
Quantity of Work			
Initiative			
Attendance			
Punctuality			
Employee/Guest Relations			

COMMENTS: _____

Date _____ Signature _____ Title _____



INVESTIGATION CONSENT

I, _____, hereby authorize Extendicare Health and Rehabilitation Center and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment, which may include Urine Substance Abuse Testing.

I release Extendicare Health and Rehabilitation Center and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME PRINTED

MAIDEN NAME OR OTHER NAMES USED

PRESENT ADDRESS

HOW LONG?

CITY/STATE

ZIP CODE

FORMER ADDRESS

HOW LONG?

CITY/STATE

HOW LONG?

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE OF LICENSE

SIGNATURE

_____/_____/_____
DATE