



Employment Application

We are an equal opportunity employer. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, disability, handicap, sexual orientation, veteran status, marital status, military status or any condition prescribed by federal, state or local law.

Personal Information

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

Referred By: _____ Are you 18 or older? Yes () or No ()

Are you either a U.S. citizen or Alien who is legally eligible for employment in the U.S.? Yes () or No () - you will be asked to furnish proof of lawful work status if you are extended a job offer.

Employment Desired

Position Applied For: _____ Date you can start _____ Salary Desired _____

Have you ever applied to this company before? Yes () No () If so when? _____

Have you ever worked for Extendicare Health and Rehabilitation before? Yes () No ()

How did you hear about Extendicare Health and Rehabilitation Center? _____

Can you perform the essential functions of the position for which you are applying? Yes () No ()

If No, please explain: _____

Education

	Name and Location of School	# of Years Completed?	Did You Graduate?	Major Subject
High School				
College				
Trade, Business Correspondence School				

PROFESSIONAL LICENSE INFORMATION

Professional License #: _____ Expiration Date: _____

If your license is a professional license, was it ever placed under probation or restrictions or any other limitations? Yes () No ()

Have you ever been convicted of any crime or other offense other than a traffic violation? Yes () No ()

If so, please describe fully the criminal conviction(s), listing the nature of the offense, your age at the time of offense, and your rehabilitation since the conviction(s). A conviction will not necessarily be a bar to employment. _____

Have you ever been accused or substantiated of committing abuse in Alabama or any other state? Yes () No ()

EMPLOYMENT

Please give accurate, complete & full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From _____ To _____
	Name of Supervisor	Salary Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

Explain any gaps in employment _____

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

	Name	Phone Number	Relationship	Years Acquainted
1.				
2.				
3.				

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application does not constitute an employment contract. If I accept an offer of employment I understand the employer may terminate at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Applicant's Signature

Date Signed

In case of Emergency notify:

Phone Number:

DO NOT - WRITE BELOW THIS LINE - OFFICE USE ONLY

Position: _____ Full Time: _____ Part Time: _____

Department: _____ Shift: _____

Job Title: _____ Start Date: _____ Starting Rate: _____

Interviewed By: _____

INS for 1-9 completed? Yes () No ()

Comments: _____



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 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

CITY/STATE

ZIP CODE

FORMER ADDRESS

HOW LONG?

CITY/STATE

ZIP CODE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE OF LICENSE

SIGNATURE

_____/_____/_____
DATE