



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all necessary information. This application will be kept on file. Please sign and date the application.

NAME _____ DATE _____

SOCIAL SECURITY# _____ PHONE () _____

ADDRESS _____

CITY/STATE/ZIP _____

Position applied for _____

Shift preferred 1 2 3 Any _____

Expected pay _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? No Yes Dates _____

Special training or skills:

(languages, machine operation, etc.) that would be of benefit in the job for which you are applying:

Are you legally eligible for employment in the United States? Yes No

(If yes, proof is required)

Please be advised that this is a health care facility that **must** operate and care for residents **24 hours per day and 7 days per week**, including holidays and weekends. It is a requirement of the job. Staff cannot be promised specific days off. Please sign below to acknowledge that you understand this requirement.

Signature _____ Date _____

EMPLOYMENT EXPERIENCE

List your most recent first.

1. Employer _____
Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates employed: from _____ to _____ Hourly rate/salary: _____
Responsibilities: _____
Reason for leaving: _____
2. Employer _____
Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates employed: from _____ to _____ Hourly rate/salary: _____
Responsibilities: _____
Reason for leaving: _____
3. Employer _____
Address _____
Phone () _____
Job Title _____ Supervisor _____
Dates employed: from _____ to _____ Hourly rate/salary: _____
Responsibilities: _____
Reason for leaving: _____

EDUCATIONAL BACKGROUND

High School (or equivalency)

Name of School: _____ Location: _____

Did you graduate: Yes No Degree/Diploma: _____

College

Name of School: _____ Location: _____

Course of study: _____

Did you graduate: Yes No Degree/Diploma: _____ Date: _____

Graduate School

Name of School: _____ Location: _____

Course of study: _____

Did you graduate: Yes No Degree/Diploma: _____ Date: _____

Vocational Training

Name of School: _____ Location: _____

Course of study: _____

Did you graduate: Yes No Degree/Diploma: _____ Date: _____

Continuing Education

REFERRAL SOURCE

NAME OF APPLICANT: _____

Please indicate how you learned of employment opportunities at this facility.

_____ **Referred by present employee of this facility?**
Name of employee: _____

_____ **Referred by previous employee of this facility?**
Name of employee: _____

_____ **Help wanted advertisement?**
_____ **Display advertisement (line in column advertisement)?**
Name of Newspaper: _____

_____ **Health care professional?**
Name/title of individual: _____

_____ **Other health care facility?**
Facility name: _____

_____ **Job fair?**
Name of job fair: _____
Date/Location: _____

_____ **Open house?**
Name of facility: _____

_____ **Professional recruiter agency?**
Agency name: _____

_____ **Unemployment Agency (please specify state)?** _____

_____ **Referred by other source (please specify):** _____

In accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended and the Age Discrimination Act of 1975, as amended, the Greenwich Woods Health Care Center does not discriminate on the basis of race, creed, color, national origin, political beliefs, sex, age, marital status, physical disability, mental retardation, or past/present history of mental disorder in admission or access to, or treatment or employment in its program or activities.

