



EMPLOYMENT APPLICATION

APPLICATIONS ARE KEPT
ON FILE FOR SIX MONTHS

PLEASE PRINT CLEARLY

POSITION APPLYING FOR: _____ **DATE OF APPLICATION:** _____
IF NO POSITION IS LISTED, THE APPLICATION MAY NOT BE CONSIDERED FOR EMPLOYMENT

PERSONAL

Last Name		First Name			M.I.
Home Address		Apt. #	City	State	Zip Code
(Area Code) Telephone Number	Email Address	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Visa Type & Number		Is Your Age: Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Any Reason Known To You Why You Might Not Be Able To Perform Consistently and Promptly Any Of The Duties Of Position Applied For: (Please review job description before answering this question)					
Date Available	Starting Salary Needed	Will You Accept Another Position? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify			
Will You Accept Shift Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Will You Accept Weekend Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Will You Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Were You Previously Employed At Westhills Village/Clarkson Health Care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, Where		When	In What Capacity		
Have You Ever Been Convicted Of A Crime: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Date(s), Offense(s) and Disposition:			Do You Have A Friend Or Relative Working Here?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Name	Dept	Relationship
Have You Ever Been Excluded From Participation In Any Federal Or State Medicare, Medicaid Or Any Other Third Party Payor Program Or Have Such Pending Action? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, A Letter Showing Reinstatement Is Required For Further Consideration For Employment					

EMPLOYMENT HISTORY

List Most Recent Position First		List Other Names Used While Employed With These Employers			
From Mo Yr	Name of Employer	Name/Title Last Supervisor		Telephone No.	
To Mo Yr	Address: Street City State Zip Code	Position Held		Ending Salary ____per____	
Briefly Describe The Work You Performed:					
Reason For Leaving:				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From Mo Yr	Name of Employer	Name/Title Last Supervisor		Telephone No.	
To Mo Yr	Address: Street City State Zip Code	Position Held		Ending Salary ____per____	
Briefly Describe The Work You Performed:					
Reason For Leaving:				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From Mo Yr	Name of Employer	Name/Title Last Supervisor		Telephone No.	
To Mo Yr	Address: Street City State Zip Code	Position Held		Ending Salary ____per____	
Briefly Describe The Work You Performed:					
Reason For Leaving:				May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

School	Name of School	Location	Years Completed	Dates From	To	Course of Study	Did You Graduate	Diploma Degree
High School								
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other							<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Health Care, Business, Or Industrial Equipment That You Operate Proficiently:

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS - DO NOT INCLUDE DRIVER'S LICENSE

Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible

REFERENCES

Please list three professional references

Name	Company	Relationship	Phone Number

APPLICANT'S CERTIFICATION

I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that this is an application for employment and that no employment contract is being offered.

I further understand that as a condition for employment I may be required to submit to a drug test according to Westhills Village standards and if my drug test results are unsatisfactory, I will not be employed by Westhills Village.

I hereby authorize Westhills Village to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I agree, if employed, to abide by all Westhills Village rules and regulations. **I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.**

I understand that I am required to immediately notify Westhills Village if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.

I have read and understand the above.

DATE _____ SIGNATURE _____

IMPORTANT NOTICE TO ALL APPLICANTS

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and nonimmigrants. **You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.**