



APPLICATION FOR EMPLOYMENT

PLEASE PRINT:

Name: _____ Date of application: _____
Last First Middle

Address: _____
Street City State Zip Code

Position(s) applying for: _____

Name of Referral: _____

Cell Phone (____) _____ Home Phone (____) _____ Email: _____

Best phone number and time to call (____) _____ : ____ am/pm

Social Security No. _____ - _____ - _____

If under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, please provide date ____/____/____

Have you previously been employed here? Yes No

If yes, please provide dates of employment: ____/____/____ to ____/____/____

Are you legally eligible for employment in this country? Yes No

(Proof of US Citizenship or immigration status will be required upon employment)

Date available for work ____/____/____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-op

Are you on layoff and subject to recall? Yes No

Are you able to meet the attendance and shift requirements of the job? Yes No

Will you agree to work overtime? Yes No

Have you ever been bonded? Yes No

Driver's license number (if required by job) _____ State: _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. **If including military experience, please do not disclose or provide the reason why you were discharged.**

Employer	Telephone	<u>Dates Employed</u>	Summarize the nature of the work performed and job responsibilities
		From To	
Address			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			

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Comments (including explanation of any gaps in employment):

Skills and qualifications (summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company):

REFERENCES

List name and telephone number of three (3) business/work references that are **not** related to you. If not applicable, list three (3) school or personal references who are **not** related to you.

Name	Telephone number	Years known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization	Offices held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

List additional information you would like us to consider:

It is understood and agreed upon that if I am employed by Rolling Hills Operations LLC d/b/a Rolling Hills Care Center, any misrepresentation by me in this application will be sufficient cause for termination of this applicant's employment with Rolling Hills Care Center. Furthermore, I understand that just as I am free to resign at any time, Rolling Hills Care Center reserves the right to terminate my employment at any time, with or without prior notice.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release Rolling Hills Care Center and its representatives from any and all liability of any type whatsoever for seeking such information and I hereby release all persons, corporations, limited liability companies and all other entities furnishing such information from any and all liability of any type whatsoever in connection therewith.

Signature of Applicant: _____

Date: ____/____/____

Rolling Hills Care Center is an Equal Opportunity Employer. Applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.



EMERGENCY CONTACT INFORMATION

EMPLOYEE'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

ALLERGIES: _____

FIRST CONTACT:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

SECOND CONTACT:

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____



By signing below, I am authorizing Rolling Hills Care Center to conduct a reference check with my previous and/or current employers identified in my application. I understand that the information obtained from my present and past employers may include, but is not limited to, information regarding my work performance, professional demeanor, rehire potential, and dates of employment. The references that may be obtained from current and previous employers may include inquiries directed to supervisors, relatives and colleagues at my current and past employers. I release my present and past employer(s) and all other persons furnishing information from any liability or damage to me which relates to the furnishing of said information.

_____ Applicant Signature

_____ Date

APPLICANTS: PLEASE DO NOT WRITE BELOW THIS LINE

Dear Personnel Director:

We are considering the applicant named below for employment at Rolling Hills Care Center. To help us determine whether this person is loyal, trustworthy and of good character, we ask that you answer all questions as complete and as specifically as you can. Please note applicant's signature above, authorizing the release of information for this reference.

Thank you in advance for your cooperation. If I can ever provide you with a reference, please feel free to contact me.

Sincerely yours,

Director of Human Resource

Name of Applicant: _____

Social Security No. _____

Position Held: _____

Dates Employed: _____ to _____

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
Job Knowledge				
Quality of Care				
Attitude & Interpersonal Skills				
Attendance				
Punctuality				
Personal Appearance				

Reason for leaving: _____

Eligible for re-employment Yes No If not, please explain: _____

Signature: _____ Title: _____

Date: _____



EMPLOYEE COVER SHEET
For Internal Use Only

DATE: _____

NAME: _____ TELEPHONE: _____

DEPARTMENT: _____

Initial interviewer comments: _____

Job reference check:

1) _____

2) _____

3) _____

AMS: _____

Nurse License No: _____ Verified w/ Board of Nursing: Y / N Date: _____

Interviewed with: _____

Interview results: rejected / why? _____

Hired: _____ Full time: _____ Part time: _____

Hire information: position: _____

Starting date: _____ Shift/hours: _____

Additional hire information: _____
