

**APPLICATION FOR EMPLOYMENT
ALTOONA HEALTH AND REHAB, INC.**

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, marital status, handicap, sex, national origin, age, mental or physical disability, veteran status, or any other reason prohibited by law.

This application is active for 60 days.

POSITION APPLIED FOR: _____

NAME: _____ PHONE #: _____
(Last) (First) (MI)

OTHER NAMES YOU'VE WORKED UNDER: _____

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip Code)

FORMER ADDRESS: _____
(Street) (City) (State) (Zip Code)

Are you at least 18 years of age? YES NO (circle one answer per question)

Are you a U.S. Citizen or legally authorized to work in the U.S.? YES NO
(Proof of citizenship or right to work status will be required at the time of hire.)

Do you have adequate means of transportation to get to work on time each day and when called in on a short notice? YES NO

Review the job description for the position for which you are applying. Do you meet the qualifications and have the ability to perform the essential job functions of this job? YES NO

If you answered no to any of the above, please explain: _____

Would you accept part time work? YES NO

Would you accept temporary work? YES NO

Are you related to anyone working in this facility? YES NO

If yes, state the name and relationship of each relative: _____

Date you can begin work: _____ Preferred shift: _____

Will you work overtime whenever scheduled or requested? YES NO

Have you ever been employed by this facility? YES NO

Dates/Positions and Reason for Leaving: _____

Special Skills/Training you possess and equipment you can operate: _____

Long range occupational/educational goals: _____

MILITARY SERVICE RECORD

The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations.

Are you now a member of a Reserve or National Guard unit? YES NO

Were you in the U.S. Armed Forces: YES NO

If yes, what branch? _____ Type of Discharge? _____

Dates of Duty: From _____ To _____

List duties in the military or special training that prepared you for the position you are seeking: _____

BACKGROUND INFORMATION

In addition to these questions, this facility requires a background check prior to employment. Have you ever been convicted or plead guilty to any criminal felony offense other than traffic violations? YES NO

Have you been released from confinement following a conviction for any criminal felony offense? YES NO

Are you presently charged with any felony violations of law other than traffic violations? YES NO

If your response to any of the preceding three questions was 'YES', give the date, place and nature of each such conviction or pending charge. The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered. _____

EDUCATIONAL BACKGROUND

High School	Graduation Date	Diploma Type
College	Graduation Date	Degree Earned
Nursing School	Graduation Date	License Obtained
Other		

EMPLOYMENT HISTORY

List all employers for whom you have worked during the last five years.

Explain any lapses between times when employed.

You may attach a resume, but must still completely fill in this section.

Name/Address of Employer	Dates	Position	Phone Number	Reason For Leaving

PROFESSIONAL LICENSES AND CERTIFICATIONS:

Type	State	Date Issued	Exp. Date	Number

ACKNOWLEDGEMENT STATEMENT

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employer to release information pertaining to my work record, and work habits, and my work performance while in their employ.

In making application for employment, I understand that an Investigation report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I also understand that a criminal background investigation may be conducted.

I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a gratuitous statement of the nursing facility's current policies.

I understand that the nursing facility reserves the right to require its employee to submit to blood tests or urinalysis for alcohol or drug screen or to allow inspection of bags (including purses or briefcases) or parcels brought or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of employment.

I understand and agree that if I am offered employment by the nursing facility; my employment will be for no definite term. Either the nursing facility or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. This relationship can only be modified in writing and signed by an officer of the facility.

Signature of Applicant

Date

Altoona Health and Rehab
6532 Walnut Grove Road
Altoona, Alabama 35952
205-589-6394
Fax: 205-589-2112

A former employee of yours is applying at Altoona Health and Rehab and has given your name as a reference. Please take a moment to provide us with the information requested below and fax or mail this form back to us at your earliest convenience.

In reference to: _____

I hereby give permission to release my personal information to Altoona Health and Rehab

Applicant Signature

Confidential Information

Date Started: _____

Date Last Worked: _____

Overall Ratings:

Excellent Good Acceptable Unacceptable (Please circle your rating of the applicant)

Productivity Level:

Excellent Good Acceptable Unacceptable (Please circle your rating of the applicant)

Dependability:

Excellent Good Acceptable Unacceptable (Please circle your rating of the applicant)

Attitude:

Excellent Good Acceptable Unacceptable (Please circle your rating of the applicant)

Would you rehire this person? YES NO

Reason this person is no longer employed with you: _____

Reference Supplied By: (Print your name please) _____

Signature: _____

Title: _____

Date: _____

