

APPLICATION FOR EMPLOYMENT

APPLICANT	PLEASE PRINT		Date: ____ / ____ / ____
	Name _____		
	(First)	(Middle)	(Last)
	Address _____		

Telephone # _____		Alternate # _____	
Social Security # _____			

GENERAL INFORMATION	NOTE: AristaCare at Whiting provides services to residents and patients 24 hour a day, 7 days a week; and reserves the right to alter work schedules to meet operational needs.		
	1. Position Applying For _____ Department _____		
	2. Salary Expected _____		
	3. Are you interested in other positions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, specify positions _____		
	4. Are you available to work		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Seasonal <input type="checkbox"/> On-call
	Days _____ Hours _____		
	5. Will you work other shifts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Will you work overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Date available to start work _____		
	8. Have you ever worked for an AristaCare Facility before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give dates _____ Place _____		
	9. Have you ever applied for a job with an AristaCare Facility?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give dates _____ Place _____		
10. Have you ever been known by any other name(s)?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify _____			
11. Are you legally eligible to work in the United States.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Proof of U.S. citizenship or employment eligibility, will be required upon employment.)			
12. If you are under 18, can you furnish a work permit?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are you on a lay-off and subject to recall?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you every been convicted of a crime other than a traffic violation? If yes, explain.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	



WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 AristaCare at Whiting, in accordance with the State and Federal laws does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.



Please list all employment you have had since high school, including military service. Explain any gaps in employment. You may include volunteer work. Use additional sheets if necessary. Failure to list any previous employment is falsification of this employment application and may result in discharge.

EMPLOYMENT EXPERIENCE

DATES

From: 1. Employer _____
 Address _____
 Position _____ Hourly Rate/Salary _____
 Duties included _____

To: Supervisor _____ Telephone # _____
 Reason for Leaving (circle one) Quit Discharge Layoff Resignation
 Explain if necessary _____
 May we contact this employer? Yes No
 If no, explain _____

DATES

From: 2. Employer _____
 Address _____
 Position _____ Hourly Rate/Salary _____
 Duties included _____

To: Supervisor _____ Telephone # _____
 Reason for Leaving (circle one) Quit Discharge Layoff Resignation
 Explain if necessary _____
 May we contact this employer? Yes No
 If no, explain _____

DATES

From: 3. Employer _____
 Address _____
 Position _____ Hourly Rate/Salary _____
 Duties included _____

To: Supervisor _____ Telephone # _____
 Reason for Leaving (circle one) Quit Discharge Layoff Resignation
 Explain if necessary _____
 May we contact this employer? Yes No
 If no, explain _____

DATES

From: 4. Gaps in employment _____

To: _____

EDUCATION	1. Education	Elementary/ Middle School	High School	College/University	Graduate/ Professional	
	School Name					
	Years Completed Circle	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4	
	Diploma/Degree					
	Course of Study					
	Specialized training, skills or activities which would be relevant to the position you are seeking					
	Courses now studying					
	2. Professional, Certified and Managerial Applicants Only:					
	1. Prof/Cert. Title _____		Lic.# _____			
	2. Prof/Cert. Title _____		Lic.# _____			
3. Prof/Cert. Title _____		Lic.# _____				
3. Other Training for Secretarial, Bookkeeping or Clerical Applicants:						
Word Processing _____	Windows _____	Accounts Payable _____				
Lotus 123 _____	Shorthand _____	Accounts Receivable _____				
Data Entry _____	Proofreading _____	Payroll _____				
IBM/PC _____	Telephone Skills _____	Personnel _____				
NOTE: Driver applicants or those intending to drive for company business must complete the vehicle operator application.						
4. Please describe any other skills and/or experience that are relevant to a position which you are seeking.						

PERSONAL REFERENCES	1. Name _____	Phone # _____
	Address _____	
	Occupation _____	Relationship to you _____
	2. Name _____	Phone # _____
	Address _____	
	Occupation _____	Relationship to you _____
	3. Name _____	Phone # _____
	Address _____	
	Occupation _____	Relationship to you _____

CERTIFICATION

We welcome your application! We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of this excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application or resume.

I certify that the information contained in this application for employment is true, correct and complete and I hereby grant AristaCare at Whiting (hereafter known as "ACW") permission to verify the information contained herein. I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds, among others, for rejection of my application or my immediate termination in the event that I am hired. I hereby grant ACW permission to verify the information provided herein and recognize that my employment is conditional upon receipt of satisfactory recommendations from former employers and references. I understand and will voluntarily participate as requested in the ACW assessment center process which may include one or more assessment tools that measure and profile my match with the job requirements. ACW reserves the right to conduct a criminal and/or job history search. I understand, further, that, an offer of employment, if made, may be contingent upon my taking, and passing a fitness for duty examination and drug screen and recognize that I may be required to take drug tests as may be required by ACW as a condition of my continued employment.

The release and authorization acknowledges that this company may now, or at any time while employed, conduct a verification of my education, previous employment/work history, credit history, driving record, and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State. The results of the verification will be used to determine employment eligibility.

I understand that this application for employment and any other documents issued by ACW with the exception of collective bargaining agreements are not contracts of employment and recognize that I am free to terminate my employment upon reasonable notice and that I may be terminated by ACW at any time and for any reason.

Authorized Signature of Applicant

Date