

**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

**APPLICANT**

**PLEASE PRINT**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Social Security # \_\_\_\_\_

**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.

**GENERAL INFORMATION**

1. Position Applying For \_\_\_\_\_ Department \_\_\_\_\_

2. Salary Expected \_\_\_\_\_

3. Are you interested in other positions? .....  Yes  No

If yes, specify positions \_\_\_\_\_

4. Are you available to work .....  Full-time  Part-time

Seasonal  On-call

Days \_\_\_\_\_ Hours \_\_\_\_\_

5. Will you work other shifts? .....  Yes  No

6. Will you work overtime? .....  Yes  No

7. Date available to start work \_\_\_\_\_

8. Have you ever worked for an AristaCare Facility before? .....  Yes  No

If yes, give dates \_\_\_\_\_ Place \_\_\_\_\_

9. Have you ever applied for a job with an AristaCare Facility?.....  Yes  No

If yes, give dates \_\_\_\_\_ Place \_\_\_\_\_

10. Have you ever been known by any other name(s)?.....  Yes  No

If yes, please identify \_\_\_\_\_

11. Are you legally eligible to work in the United States.....  Yes  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?.....  Yes  No

13. Are you on a lay-off and subject to recall?.....  Yes  No

14. Have you every been convicted of a crime other than a traffic violation? If yes, explain.....  Yes  No

\_\_\_\_\_

15. Have you had any investigations completed on your certification or license in the past 10 years?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

**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.**

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Elementary/ Middle School	High School	College/University	Graduate/ Professional
<b>1. Education</b>				
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				
<b>2. Professional, Certified and Managerial Applicants Only:</b>				
1. Prof/Cert. Title _____			Lic.# _____	
2. Prof/Cert. Title _____			Lic.# _____	
3. Prof/Cert. Title _____			Lic.# _____	
<b>3. Other Training for Secretarial, Bookkeeping or Clerical Applicants:</b>				
Word Processing _____	Windows _____	Accounts Payable _____		
Lotus 123 _____	Shorthand _____	Accounts Receivable _____		
Data Entry _____	Proofreading _____	Payroll _____		
IBM/PC _____	Telephone Skills _____	Personnel _____		
<b>NOTE:</b> Driver applicants or those intending to drive for company business must complete the vehicle operator application.				
<b>4. Please describe any other skills and/or experience that are relevant to a position which you are seeking.</b>				
_____				
_____				
_____				
_____				

**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 \_\_\_\_\_