

Application for Employment



Rosebud Health Care Center is an Equal Opportunity Employer

Personal Information

Name _____
Last First MI

Street Address _____
City State Zip Code

Mailing Address _____
City State Zip Code

Home Phone () Cellular/Other () E-mail _____

If necessary, best time to call you is _____ Home Cellular/Other

Please provide your driver's license number, if driving is required for this job _____ State _____

If you are under 18 years old, can you provide a work permit, if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired) Yes No

Are you able to perform the "essential functions" of the job for which you are applying? Note: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's essential functions to respond

Is this application a request for reemployment following an extended military leave of absence from our organization?

Yes No If yes, additional information may be requested.

Have you ever been bonded? Yes No

Position Information

Position applied for: _____ Expected pay: _____

Are you applying for: Full-time Part-time Relief or on-call

Shift(s) preferred: _____ Shifts you will accept: _____

On what date would you be available for work? _____

Have you submitted an application here before? Yes No If yes, please give date(s) and position(s): _____

Have you ever been employed here? Yes No If yes, please give date(s) and position(s): _____

How were you referred to our organization? _____

Will you travel, if required? Yes No

Will you work overtime, if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements for this position? Yes No

Employment Experience

Place an X by any employer you do NOT want us to contact. List your most recent employer first.

Employer _____
Address _____ Phone Number _____
Contact Name _____ E-mail address _____
Job Title _____ Supervisor _____
Dates employed: From _____ To _____
Summarize type of work performed and job responsibilities: _____

Reason for leaving: _____
What did you like most about your position? _____
What were the things you like least about the position? _____

Employer _____
Address _____ Phone Number _____
Contact Name _____ E-mail address _____
Job Title _____ Supervisor _____
Dates employed: From _____ To _____
Summarize type of work performed and job responsibilities: _____

Reason for leaving: _____
What did you like most about your position? _____
What were the things you like least about the position? _____

Employer _____
Address _____ Phone Number _____
Contact Name _____ E-mail address _____
Job Title _____ Supervisor _____
Dates employed: From _____ To _____
Summarize type of work performed and job responsibilities: _____

Reason for leaving: _____
What did you like most about your position? _____
What were the things you like least about the position? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability: _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Name of School and Address	# of years	Course/Major	Diploma/Degree

Professional Licenses/Registrations, Certifications

Type of License or Certification	Professional License #	Expiration Date	State of Issue
		/ /	
		/ /	

Are there any current restrictions on your license, registration, or certification? Yes No

If yes, please explain: _____

Have you ever had any disciplinary action taken against your license, registration, or certification? Yes No

If yes, please explain— give date, location, and disposition of your case: _____

Skills and Qualifications

Please list any skills, experience or qualifications which you feel would especially benefit you (i.e., specialty areas such as ICU, special equipment, typing speed, computer software programs, etc.) _____

Do you speak, read or write in any language other than English? Yes No

If yes, please describe: _____ Would you be willing to serve as an interpreter? Yes No

Professional Organizations

Please list job-related organizations, clubs, professional societies or other associations to which you belong. Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, mental or physical disabilities, veteran reserve national guard, or any other similarly protected status.

Organization	Office Held

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors already listed. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail Address	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, HireRight criminal background check, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If hired, I agree to conform to RHCC's rules and regulations, and I understand that these rules and/or the employee handbook do form a contract of employment either express or implied. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's CEO.

I understand that RHCC is a drug-free workplace, and that any offer of employment may be contingent on the negative result of a pre-employment drug and alcohol test. I understand that RHCC is a smoke-free/ non-tobacco campus.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

RHCC does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. RHCC likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, co-worker, subordinate, or non-employee (such as vendor or customer). RHCC takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____