



Application for Employment

Rosebud Health Care Center is an Equal Opportunity Employer and Provider.

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

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: _____

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: _____

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: _____

Education

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

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

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the racial/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: White ___ Black or African American ___ American Indian/Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander ___

Gender: Male ___ Female ___

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 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.

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.

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** _____