

EMPLOYMENT APPLICATION HR Form 2.0 (1)

EOE/AA – DRUG FREE WORKPLACE

Date: _____

Last Name First Middle

Present Address Street City/State Home Phone#

Email Address Cell Phone# Fax Number#

▪ Position Applying For _____

Full-time Part-time On-Call -work as needed (check all that apply)

Shifts: 1st 2nd 3rd Any shift you cannot work? _____

▪ Only US citizens or aliens who have a legal right to work in the US are eligible for employment. Can you, upon employment submit documentation verifying your legal right to work in the US and your identity?
 Yes No

▪ Are you willing to submit to a Criminal Background check? Yes No

▪ Are you willing to submit to a Post-Offer Pre-Employment drug test? Yes No

Have you ever been convicted of a felony or have you had adjudication withheld? Yes No

If yes, give dates and explain _____

▪ Have you ever been sanctioned or disciplined by any federal or state government agency, including but not limited to the Office of the Inspector General, Medicare, Medicaid, Department of Health or any state licensing boards? Yes No

If yes, please explain

▪ Are you able to perform the essential functions of the position in which you are applying, with or without reasonable accommodation? Yes No

If no, please explain _____

▪ Do you have the use of a personally insured automobile, if required for the position? Yes No

▪ Do you have a valid US driver's license, if required for the position you are applying? Yes No

▪ Are you fluent in another language other than English? If so, which _____

EDUCATION

School	Print Name, Phone Number and Address for each School	Number of Years Completed	Degree	Course of Study
High School				
College				
Graduate School				
Certification/License				

SPECIAL SKILLS list any job-related skills or qualifications that support your application _____

- In order to permit a check of your work and educational records, should we be aware of any change of name or assumed name that you previously used? Yes No

If yes, identify names and relevant dates _____

LIST ALL PREVIOUS EMPLOYERS (most recent job first). Account for all time periods including unemployment, self-employment and military service. Please attach additional sheet if needed.

WORK EXPERIENCE

Current Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

WORK EXPERIENCE - Continued

Employer	Immediate Supervisor	Job Title
Address		
Phone Number		
Dates Employed To _____ From _____	Hourly Rate/Salary Starting _____ Ending _____	
Work Performed		
Reason for Leaving		

DO NOT CONTACT REASON _____

OTHER

- Have you had prior educational experience, which relates to the job for which you are applying?
 Yes No
 If yes, describe _____

- Please list reason for any lapse in your employment history _____

- Have you ever been discharged from a previous employer? Yes No
 If yes, please explain _____

- Can you work overtime, if required? Yes No
 Can you work nights, weekends or holidays, if required? Yes No
- Will you be engaged in any other employment or school while working here? Yes No
- Do you have any friends or relatives who work for the company? Yes No
 Name _____
 Relationship _____
- Do you have any friends or relatives who work within any of our facilities? Yes No
 Name _____
 Relationship _____
- Have you filed an application here before? Yes No
 If yes, give date _____
- Have you ever been employed here before? Yes No
 If yes, did you leave the company in good standing and with appropriate notice? _____

TWO PROFESSIONAL REFERENCES

List 2 individuals that **are not relatives or personal friends**, preferably a previous supervisor or HR Department

SUPERVISOR NAME	PHONE NUMBER	COMPANY

EMPLOYMENT VERIFICATION

HR Form 3.06

Date: _____

To Whom It May Concern:

The applicant named below is being considered for employment as _____
with _____

The applicant has listed you or your organization as a former employer. In accordance with the release signed by the applicant below, please provide the information requested and return to our Human Resources Department. The form may be scanned and emailed or faxed to the contact listed.

Thank you,

HR Coordinator _____

Email address _____

Fax: _____

I hereby authorize the above individual, company, or institution to furnish the requestor with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith from any and all liability whatsoever that might be incurred in furnishing such information.

Applicant's Signature Authorization: _____

Applicant's Name Printed: _____

Company Name of Former Employer: _____

Dates of employed: _____ to _____ Supervisor: _____

Reason for leaving: _____ Job Title: _____

Eligible for Re-Hire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, why?

Additional Comments or Information: _____

Office Representative _____ Date _____

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Applicant's Signature Authorization: _____

Applicant's Name Printed: _____

Company Name of Former Employer: _____

Dates of employed: _____ to _____ Supervisor: _____

Reason for leaving: _____ Job Title: _____

Eligible for Re-Hire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If No, why?</i>

Additional Comments or Information: _____

Office Representative _____ Date _____



Notice/Disclosure and Acknowledgment/Release

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]

NOTICE/DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[SENIOR CARE GROUP, INC.] may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of "consumer report" and/or an "investigative consumer report" obtained with regard to applicants for employment conducted by Edge Information Management, Incorporated, Post Office Box 3378, Melbourne, Florida 32902, 1-800-722-3343 consist of, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records. The scope of this notice and authorization is all-encompassing, however, allowing [SENIOR CARE GROUP] to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York Applicants or Employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [SCG, Inc.] by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT / RELEASE/AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and that I have read and understand this document. I understand that I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as the right to request a copy of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Incorporated, Post Office Box 3378, Melbourne, Florida 32902. Phone 1-800-725-3343. FAX 1-800-780-3299.** I hereby authorize the obtaining of "consumer reports" and/or investigative consumer reports: at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Edge Information Management, Incorporated, another outside organization acting on behalf of [SENIOR CARE GROUP, INC.], and/or [SENIOR CARE GROUP] itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by [SCG, Inc.]

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or employment credit report if one is obtained by [SENIOR CARE GROUP, INC.] at no charge whenever you have a right to receive such a copy under California law.

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Other Names Known By

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH (for ID purposes only) _____ - _____ - _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.
READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at _____
for clarification of any information provided. Phone Number

Signature Print Name Date

January 1, 2012

DISCLAIMER

I understand that the Facility is committed to providing equal opportunity in all employment practices, including but not limited to, selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other protected status by federal, state or local law.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize former and present employers and schools, work and personal references listed in the application, and any other individuals I may name, to give the Facility or its designee any and all information concerning my previous employment, education background, and any pertinent information they may have, I release such parties from all liability for damages that may result from furnishing same to Facility. I also authorize the Facility to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may result in the Facility refusing to consider me for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may result in termination of employment.

I understand that this employment application and any other Facility documents are not constructed as a contract of employment. I further understand that if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Facility has a similar right. I understand that no manager, representative, or agent of the Facility has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing without agreement being signed by an Officer of the Facility.

NOTIFICATION TO AN INDIVIDUAL THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with the Amended Fair Credit Reporting Act and applicable state law, this notice is to inform you that a consumer report may be obtained in connection with your application for employment or your current employment. A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collection in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility. "Consumer Report" is any information obtained from a "consumer reporting agency" and may include, but is not limited to the following: Criminal history records, drug screening tests, driving records, school attendance records, school transcripts, military service records, credit records, records of former addresses, and any other public information or consumer reports.

Applicant Signature _____ Date _____

Revised 01/14/17

