

APPLICATION FOR EMPLOYMENT

It is the policy of the facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color or any other classification in accordance with federal, state and local statutes and ordinances.

Applicant Name		Date	Are you at least 18 years old? Yes No	Social Security Number
Present Address			Home Phone ()	
Previous Address (if at present address less than 12 months)			Email Address	
Position(s) for which you are applying: 1) _____ 2) _____		Type of position desired	Shift requested	
Salary requirement \$	Are you willing to travel? Yes No	Are you willing to relocate? Yes No	Per Diem <input type="checkbox"/>	<input type="checkbox"/> Day <input type="checkbox"/> Weekend
			Full Time <input type="checkbox"/>	<input type="checkbox"/> Evening <input type="checkbox"/> No
			Part Time <input type="checkbox"/>	<input type="checkbox"/> Night Preference
Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No		If overtime is required, does this pose a problem for you? Yes No		
		Are you legally authorized to work in the U.S.? Yes No		
Have you ever worked at this facility? Yes No		Date you are available for work		
		Are you related to another facility employee? Yes No		
How did you learn about this position? Newspaper Current Employee Internet Other:				
Have you ever been convicted of a crime relating to the position for which you are applying? Yes No				
If "yes", give details in full.				
Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program? Yes No				

Educational History				
School	Name and Location of School	Circle last year completed	Degree/certificate and area of study	
High School		9 10 11 12		
GED		Graduated/GED Yes No		
College		1 2 3 4		
		Graduated Yes No		
College		1 2 3 4		
		Graduated Yes No		
Graduate School		1 2 3 4		
		Graduated Yes No		
Other		From(Year) To (Year)		
Computer Skills	Please List: (Example - MicroSoft Word, etc.)			

Employment History			
Dates Employed From To	Company Name/Address	Phone Number ()	Immediate Supervisor
Salary \$		Reason for Leaving	
Job Title			
Nature of Duties			
Dates Employed From To	Company Name/Address	Phone Number ()	Immediate Supervisor
Salary \$		Reason for Leaving	
Job Title			
Nature of Duties			
Dates Employed From To	Company Name/Address	Phone Number ()	Immediate Supervisor
Salary \$		Reason for Leaving	
Job Title			
Nature of Duties			

Professional References

Name	Position	Address	Phone

Professional License(s): List any professional license, registration or certification you possess (including driver's license, if applicable).

Type of license	State issued by	Expiration date	License #

Please review and sign where indicated.

In making application for employment:

- * I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- * I understand and agree that any Employee Manual, which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies.
- * I understand that all offers of employment are contingent upon completion of satisfactory criminal records and background checks.

* I agree to immediately disclose to OHCC any disbarment, suspension, exclusion or other event that makes me ineligible to participate in any federal health care program or receive a government contract.

*** I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TIME AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN BE ALTERED ONLY BY A WRITTEN CONTRACT OF EMPLOYMENT, WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE CARLOS G. OTIS HEALTH CARE CENTER, INC.**

STANDARDS OF BEHAVIOR POLICY SIGNATURE PAGE:

I, an applicant for employment at Otis Health Care Center, agree that, in the event I am hired at OHCC, will promise to abide by the Standards of Behavior Policy, as outlined in the Standards of Behavior Policy attached to this application.
(Sign below)

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

I have read and understand these conditions of employment:

Applicant's Signature 

Date: