

George Ade Memorial Health Care Center
3623 East State Road 16
Brook, IN 47922-8800
(219)275-2531

APPLICATION FOR EMPLOYMENT

Please read carefully -- Write clearly--Answer all questions.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, marital status, national origin, disability or other protected classification.

Name _____ Date _____

Address _____
 Street City State Zip

E-Mail address _____

Telephone Number () _____ Are you over 18 years old? ___ Yes ___ No

Are you authorized to work in the U.S. on an unrestricted basis? ___ Yes ___ No

How did you learn of this opening? _____

Have you worked here before? ___ Yes ___ No If yes, under what name? _____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? ___ Yes ___ No

Can you perform these essential functions with or without reasonable accommodation? ___ Yes ___ No

Are there any hours, shifts or days you cannot or will not work?

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes* ___ No *Conviction will not necessarily bar you from employment.

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? ___ Yes* ___ No

If yes, explain & give dates _____

Are you willing to take a physical examination and/or a drug test upon a conditional offer of employment? ___ Yes ___ No

EDUCATION	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA/DEGREE
High School				
College/University				
College/University				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our facility? _____

POSITIONS APPLIED FOR: 1. _____ 2. _____ Wage or salary desired? _____ When can you start? _____		
REFERENCES:	Give name(s) of persons we may contact to verify your qualifications for the position.	
Name: _____	Occupation: _____ Phone: _____	Organization: _____ Address: _____
Name: _____	Occupation: _____ Phone: _____	Organization: _____ Address: _____
Name: _____	Occupation: _____ Phone: _____	Organization: _____ Address: _____

WORK HISTORY	Give a complete record of all full-time and part-time employment during the past 10 years. Start with most recent employment.
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May we contact your present employer? Yes No

<u>Last Employment First</u>				Employer=s Name, Address & Phone	Last Salary & Position Held	Reason for Leaving	Verified
From	To						
mo	yr	mo	yr	Employer: _____ No. & Street: _____ City/State/Zip: _____ Phone: _____	Salary: _____ - Position: _____ Supervisor: _____		
mo	yr	mo	yr	Employer: _____ No. & Street: _____ City/State/Zip: _____ Phone: _____	Salary: _____ - Position: _____ Supervisor: _____		
mo	yr	mo	yr	Employer: _____ No. & Street: _____ City/State/Zip: _____ Phone: _____	Salary: _____ - Position: _____ Supervisor: _____		
mo	yr	mo	yr	Employer: _____ No. & Street: _____ City/State/Zip: _____ Phone: _____	Salary: _____ - Position: _____ Supervisor: _____		
mo	yr	mo	yr	Employer: _____ No. & Street: _____ City/State/Zip: _____ Phone: _____	Salary: _____ - Position: _____ Supervisor: _____		

Comments: Include explanation of any gaps in employment.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability. I also understand a conditional offer of employment may be based on results of a later medical examination. In addition, if accepted for employment, I hereby agree by the rules and policies of my employer.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing. Further, I understand that should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Applicant's Signature _____ Date _____

Interviewer: _____					
Position:	Department:	Rate:	Shift:	Start Date:	Supervisor