

APPLICANT MUST READ AND SIGN

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons or sources from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination, drug test, and a background check.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice and at will.

I understand that Rest Haven Homes, Inc. is a tobacco-free campus and does not allow the use of tobacco products on the premises. Persons who come to work smelling like tobacco or smoke will forfeit the remainder of the shift and be subject to disciplinary action.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

Due to the nature of the work performed at Rest Haven Homes, Inc. it is required for employment that each applicant is able to read with understanding and write with clarity in English on all resident and job related documentation.

This signature certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date



REST HAVEN HOMES

by love serve one another

APPLICATION FOR EMPLOYMENT

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT

Date: _____

Name _____
First Middle Last

Current Address _____
Street City State Zip

Telephone Number () _____ Cell Number () _____

Email Address _____

Are you authorized to work in the United States? Yes No

Are you over the age of 18? Yes No

Have you ever been convicted of a crime? Yes No

Do you use tobacco products in any form? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Department? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day? _____

Position applying for _____ Full Time Part Time Temporary Casual

Desired Shift(s) _____ Desired rate of pay _____

Who referred you? _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Nursing Program/ School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME			DATES WORKED		POSITION(S) HELD		
	ADDRESS, CITY, STATE, ZIP							
	PHONE ()			DUTIES / RESPONSIBILITIES				
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR			REASON FOR LEAVING				
	BASE GROSS INCOME \$ STARTING WAGE \$ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING/CURRENT \$ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:							

2	COMPANY NAME			DATES WORKED		POSITION(S) HELD		
	ADDRESS, CITY, STATE, ZIP							
	PHONE ()			DUTIES / RESPONSIBILITIES				
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR			REASON FOR LEAVING				
	BASE GROSS INCOME \$ STARTING WAGE \$ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING/CURRENT \$ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:							

3	COMPANY NAME			DATES WORKED		POSITION(S) HELD		
	ADDRESS, CITY, STATE, ZIP							
	PHONE ()			DUTIES / RESPONSIBILITIES				
	TYPE OF BUSINESS							
	NAME OF SUPERVISOR			REASON FOR LEAVING				
	BASE GROSS INCOME \$ STARTING WAGE \$ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR ENDING/CURRENT \$ per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR <input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES AMOUNT RECEIVED \$ WORK HOURS:							

PROFESSIONAL/WORK REFERENCE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	STATE	PRIMARY PHONE	SECONDARY PHONE

SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM _____) Data Entry

CEU Classes: _____

Languages: _____

Awards/Recognition: _____

CPR Certification: _____

Other: _____