



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____ Date _____

Address _____ City, State _____

Phone # _____ Email Address (Required) _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?
A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered. Yes No

If yes, please provide details (dates and location for all convictions)

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details: _____

Can you work any shift? Yes No Can you work overtime, including weekends? Yes No

If no, what hours/shift are you available?

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position/Shift desired _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In Advertisement Referral: _____

Have you ever worked for this company before? Yes No

Explain _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

From	To	Employer Name	Telephone
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Job Title	Address
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Immediate supervisor and title	Summarize the nature of work performed and job responsibilities
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Reason for leaving	Hourly Rate/Salary
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Job Title	Address
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Immediate supervisor and title	Summarize the nature of work performed and job responsibilities
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Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain

Occasionally, Scalabrini Villa Health Care Center will post photos and communications about our events and celebrations. If you prefer NOT to be featured by photo on Social Media – please sign:

I do not wish to share photos of myself: _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Emergency Contact: _____ **Telephone:** _____

Please read carefully before signing.

Scalabrini Villa Health Care is an equal opportunity/equal housing employer. Scalabrini Villa does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Scalabrini Villa to hire me. If I am hired, I understand that either Scalabrini Villa or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Scalabrini Villa has the authority to make any assurance to the contrary. I also understand that if I am offered employment, that said employment is a conditionally based offer pending on my Non-DOT Urine Drug Test and current B.C.I.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize Scalabrini Villa to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

eeo/eo

