



EMPLOYMENT APPLICATION

PLEASE PRINT (Complete all questions; "see resume" is not acceptable.)

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Wage Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

It is the policy of Riverside Health Care to provide employment, training, compensation, promotion, and other conditions of employment without discrimination on the basis of race, religion, color, national origin, ancestry, marital status, military status, gender (except where gender is a bona fide occupational qualification), physical or mental disability, sexual orientation or age. Riverside Health Care is an Equal Opportunity Employer.

PERSONAL INFORMATION

Form with fields: Last Name, First Name, Middle Name/Initial, Current Home Address, City, State, Zip, Previous Home Address (if at current address less than 5 years), City, State, Zip, Home Phone, Cell Phone, Email Address

Form with sections: Referred By (checkboxes for sources), Names of friends or relatives employed by Riverside Health Care (table with columns: Applying For, Available, From, To), and shift options (checkboxes for Day Shift, PM Shift, NOC Shift, Graveyard)

Form with 10 numbered questions regarding legal authorization, transportation, job performance, accommodations, previous employment, age, discharge, current employment, criminal convictions, and awaiting trial.

## EMPLOYMENT HISTORY

**Do not use "see resume" in lieu of completing employment history. Start with current or most recent employer.**

Employer and Address (CURRENT OR MOST RECENT)	Dates of Employment		Earnings (Hourly Wage)		Other Compensation
	From	To	Starting	Final	
Your Job Title	Your Responsibilities				
Name of Supervisor	Reason for Leaving				
Job Title of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone (      )		
Employer and Address	Dates of Employment		Earnings (Hourly Wage)		Other Compensation
	From	To	Starting	Final	
Your Job Title	Your Responsibilities				
Name of Supervisor	Reason for Leaving				
Job Title of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone (      )		
Employer and Address	Dates of Employment		Earnings (Hourly Wage)		Other Compensation
	From	To	Starting	Final	
Your Job Title	Your Responsibilities				
Name of Supervisor	Reason for Leaving				
Job Title of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone (      )		
<b>Please explain periods of non-employment:</b>					

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	HIGH SCHOOL						COLLEGE				GRAD SCHOOL			
	8	9	10	11	12	GED	1	2	3	4	1	2	3	4
NAME	LOCATION						COURSE OF STUDY				DIPLOMA/DEGREE			
High School														
Community College														
College/University														
Nursing, Technical, or Vocational School														
Other Training or Seminars														
Computer applications you are proficient at (e.g., Word, Excel)														

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> Not Applicable (N/A)				
IF LICENSED, REGISTERED OR CERTIFIED	Type	State Issued	Date	Number
	Type	State Issued	Date	Number
	Is your license currently under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)**

Name	Phone Number	Best Time to Call	Occupation/Company
1.			
2.			
3.			

**AUTHORIZATIONS AND ACKNOWLEDGEMENTS**

**IMPORTANT; PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

**INITIAL**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission, misstatement, or falsification of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Riverside Health Care to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Riverside Health Care any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Riverside Health Care, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with Riverside Health Care, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Riverside Health Care. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Riverside Health Care, and that no promises or representations contrary to the foregoing are binding on Riverside Health Care unless made in writing and signed by me and Riverside Health Care designated representative.

\_\_\_\_\_ I understand that no offer of employment at Riverside Health Care is final until I have passed a criminal background check, drug screening, DMV record review (if applicable based on position requirements), credit report screening (if applicable based on position requirements), and fit-for-duty physical exam (if applicable based on position requirements). I understand that an initial offer of employment is made contingent until all background checks and screenings are complete and satisfactory. Until a final offer of employment is made, I will not take any action which could result in financial loss if a contingent offer is withdrawn, such as giving notice of intent to terminate current employment, selling real estate, or incurring other costs associated with accepting employment with Riverside Health Care. Under no circumstances will I report to work at Riverside Health Care before clearance has been given to do so.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information in this application is true and correct. I understand and agree that no person who is either an agent or employee of Riverside Health Care may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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**RESULTS/FINAL DISPOSITION**

Desired Position at Time of Application:     Available     Not Available

Minimum Position Qualifications:     Meets     Does Not Meet

After Initial Review of Application:     Interviewed     Rejected/Not Interviewed     Candidate Withdrew  
 Keep on File for Future Consideration

1<sup>st</sup> Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

2<sup>nd</sup> Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

3<sup>rd</sup> Interview Date: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Interviewed and Rejected                       Interviewed and Candidate Withdrew

Interviewed and No Position Available       Interviewed and Offer Made