

# Application for Employment

NAME:

POSITION:

DATE:

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**(PLEASE PRINT)**

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?  
 Advertisement  Relative \_\_\_\_\_  Inquiry  Employment Agency  Friend \_\_\_\_\_  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Email Address \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Best time to contact you at home is \_\_\_\_\_ : \_\_\_\_\_ am / pm

- If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
- Have you ever filed an application with us before? If yes, please provide date \_\_\_\_\_  Yes  No
- Have you ever been employed with us before? If yes, please provide date \_\_\_\_\_  Yes  No
- Do any of your friends or relatives, other than spouse, work here?  Yes  No
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No
- If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Temporary  
 (please check all that apply)

AM Shift (Days)  PM Shift (Afternoons)  NOC Shift (Evenings)

Weekdays  Weekends  Overtime

- Are you currently on "lay-off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No
- Have you been convicted of a felony within the last five years?  Yes  No

*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

## Education

	Elementary School	High School	Undergraduate School	Graduate School	Other (Specify)
Name of School					
Address of School					
Course of Study					
Dates Attended					
Number of Years Completed					
Diploma/Degree					

## Skills

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


Summarize special job-related skills and qualifications acquired from employment or other experience.


Specialized Skills *(please check all that apply)*

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	List applicable Production / Mobile Machinery: _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	List others: _____
WPM _____	WPM _____	_____

State any additional information you feel may be helpful to us in considering your application.


# Employment Experience

Start with your **present or most recent job**. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.)	Employer _____	Dates Employed		Work Performed
	Address _____	From	To	
	Telephone Number(s) _____	Hourly Rate / Salary		
	Job Title _____	Starting	Ending	
	Supervisor _____			
	Reason for Leaving _____			
2.)	Employer _____	Dates Employed		Work Performed
	Address _____	From	To	
	Telephone Number(s) _____	Hourly Rate / Salary		
	Job Title _____	Starting	Ending	
	Supervisor _____			
	Reason for Leaving _____			
3.)	Employer _____	Dates Employed		Work Performed
	Address _____	From	To	
	Telephone Number(s) _____	Hourly Rate / Salary		
	Job Title _____	Starting	Ending	
	Supervisor _____			
	Reason for Leaving _____			
4.)	Employer _____	Dates Employed		Work Performed
	Address _____	From	To	
	Telephone Number(s) _____	Hourly Rate / Salary		
	Job Title _____	Starting	Ending	
	Supervisor _____			
	Reason for Leaving _____			

**(If you need additional space, please continue on a separate sheet of paper.)**

<b>List professional, trade, business, or civic activities and offices held.</b>
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

**(Please answer upon interview)**

<p><b>Note to Applicants: DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.</b></p> <ul style="list-style-type: none"> <li>Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?    <input type="radio"/> Yes    <input type="radio"/> No</li> </ul>
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<b>References</b> <small>(please provide at least one personal and one business reference)</small>			
1.)	Name _____	Phone _____	Relation to Applicant _____
2.)	Name _____	Phone _____	Relation to Applicant _____
3.)	Name _____	Phone _____	Relation to Applicant _____

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise define by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
 Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview	<input type="radio"/> Yes	<input type="radio"/> No		
			Interviewer _____	Date _____
			Interviewer _____	Date _____
Remarks _____				
Is position(s) applied for open? <input type="radio"/> Yes <input type="radio"/> No				
Position(s) considered for _____				
<b>Accept employment?</b>		<input type="radio"/> Yes <input type="radio"/> No	<b>Date of Employment/Hire</b> _____	
<b>Applicants Signature</b> _____			<b>Date</b> _____	
<b>Job Title</b> _____	<b>Hourly Rate/Salary</b> _____	<b>Department</b> _____		
<b>By:</b> _____				

NAME AND TITLE

DATE

# Inquiry Authorization Release

- i. I understand that investigative reports may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that backgroundchecks.com, on behalf of Tampico Terrace Care Center may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Tampico Terrace Care Center's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Tampico Terrace Care Center, and give my full consent for this information to be obtained.
- ii. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- iii. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- iv. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by backgroundchecks.com to furnish the information described in Section I.
- v. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.
- vi. Upon proper identification, you have the right to make a request to backgroundchecks.com, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that backgroundchecks.com has previously furnished. Communications with backgroundchecks.com should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

## CANDIDATE TO COMPLETE THE FOLLOWING:

**Print Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

**Other Names Used** \_\_\_\_\_

**Current Address Since:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

**Previous Address Since:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

**Previous Address Since:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

**The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.**

\_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Professional License Number (RN, LVN, CNA)**

\_\_\_\_\_ **Driver's License Number and State** \_\_\_\_\_ **Name as it appears on License**

**Have you ever been convicted of a crime?**  No  Yes **If yes, please provide city and state of conviction and details of conviction.**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Today's Date**

### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. backgroundchecks.com's policy requires purchasers of these reports to have signed a Service Agreement. This assures backgroundchecks.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact backgroundchecks.com.

### NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by Tampico Terrace Care Center by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by backgroundchecks.com during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at backgroundchecks.com in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

**EMPLOYMENT VERIFICATION  
CONFIDENTIAL**

**Date** \_\_\_\_\_

**To (Previous/Current Employer)** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Has made application with us for employment as \_\_\_\_\_

This applicant has given you as a former/current employer. Your evaluation will be sincerely appreciated, and considered strictly confidential. Please reply promptly as employment is pending receipt of reference.

1. Job Title \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

2. Reason for leaving \_\_\_\_\_

3. Are applicant's personal qualifications, skills and personal habits such as to render him/her a desirable employee? \_\_\_\_\_

4. Ability to get along with co-workers \_\_\_\_\_

5. Attendance: never absent \_\_\_\_\_, absent once a month \_\_\_\_\_, frequently absent \_\_\_\_\_, other \_\_\_\_\_  
Remarks: \_\_\_\_\_

6. Rehire: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Remarks: (outstanding traits/weaknesses) \_\_\_\_\_

**Previous/Current Employer Signature/title** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give my authorization for the release of the information requested above.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMPLOYMENT VERIFICATION  
CONFIDENTIAL**

**Date** \_\_\_\_\_

**To (Previous/Current Employer)** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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2. Reason for leaving \_\_\_\_\_

3. Are applicant's personal qualifications, skills and personal habits such as to render him/her a desirable employee? \_\_\_\_\_

4. Ability to get along with co-workers \_\_\_\_\_

5. Attendance: never absent \_\_\_\_\_, absent once a month \_\_\_\_\_, frequently absent \_\_\_\_\_, other \_\_\_\_\_  
Remarks: \_\_\_\_\_

6. Rehire: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Remarks: (outstanding traits/weaknesses) \_\_\_\_\_

**Previous/Current Employer Signature/title** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give my authorization for the release of the information requested above.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_