



APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Christwood (hereafter referred to as the "community" does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, age, veteran or disability status. No question on this application is intended to secure information to be used for such discrimination.

Please fill in all spaces: If an item does not apply, write "none". This application will be considered current for ninety days from this date. After that time, a new application must be completed. Please print in ink clearly. Please let us know if you need assistance in completing the application for employment. Incomplete applications will not be considered.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Last First Middle

Address \_\_\_\_\_
Number & Street Apt. City State & Zip

Primary Telephone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Table with 3 columns: Position Desired, Shift, Salary. Rows for First Choice, Second Choice, Third Choice.

Type of employment desired: [ ] Full-time [ ] Part-time Will you work: [ ] Weekends [ ] Holidays [ ] Rotating Shifts

How were you referred for this position? \_\_\_\_\_

Have you ever been employed by Christwood: [ ] Yes [ ] No If so, when? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Do you intend to work anywhere else in addition to working at the Community? [ ] Yes [ ] No If so, where? \_\_\_\_\_

Are you presently employed? [ ] Yes [ ] No Why do you want to change jobs? \_\_\_\_\_

Do you have the legal right to work in the United States [ ] Yes [ ] No (If hired proof of status will be required)
Are you over 18 years of age? [ ] Yes [ ] No

Table titled 'PROFESSIONAL LICENSES AND/OR CERTIFICATIONS' with columns: TYPE, ORGANIZATION OR STATE ISSUED, DATE ISSUED, NUMBER.

Have you ever been convicted of a crime? [ ] Yes [ ] No If Yes, explain when and where, and describe the outcome of the case:

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered)

**EDUCATIONAL BACKGROUND:**

HIGH SCHOOL		
Name:	CIRCLE LAST YEAR COMPLETED	MAJOR FIELD /COURSE OF STUDY:
Street Address:	1 2 3 4	DIPLOMA OR DEGREE
City, State & Zip	GPA	
COLLEGE		
Name:	CIRCLE LAST YEAR COMPLETED	MAJOR FIELD /COURSE OF STUDY:
Street Address:	1 2 3 4	DIPLOMA OR DEGREE
City, State & Zip	GPA	
GRADUATE SCHOOL		
Name:	FROM:	MAJOR FIELD /COURSE OF STUDY:
Street Address:	TO:	DIPLOMA OR DEGREE
City, State & Zip	GPA	
OTHER		
Name:	FROM:	MAJOR FIELD /COURSE OF STUDY:
Street Address:	TO:	DIPLOMA OR DEGREE
City, State & Zip	GPA	

Scholarships received:\* \_\_\_\_\_

Scholastic or other honors\* \_\_\_\_\_

Extra-curricular activities: \* \_\_\_\_\_

*\*You do not have to list those which would disclose race, religion, color, sex or national origin.*Do you plan to continue your education?  Yes  No If so, when and in what field? \_\_\_\_\_U. S. Military Service Experience?  Yes  No From: \_\_\_\_\_ To: \_\_\_\_\_

If your duties were related to the job for which you are applying, please describe those duties:

**EMPLOYMENT HISTORY:** PLEASE LIST ALL PART-TIME AND FULL-TIME POSITIONS, GIVING PRESENT OR LAST POSITION FIRST  
USE ADDITIONAL PAGES IF NECESSARY

1. Dates Worked: From _____ To _____		Salary: Starting _____	Final _____
Employer's Name:		Job Title & Duties:	
Employer's Street Address:			
City, State & Zip			
Supervisor's Name: Telephone:		Reason for Leaving	
Supervisor's Title		May this employer be contacted at this time for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Dates Worked: From _____ To _____		Salary: Starting _____	Final _____
Employer's Name:		Job Title & Duties:	
Employer's Street Address:			
City, State & Zip			
Supervisor's Name: Telephone:		Reason for Leaving	
Supervisor's Title		May this employer be contacted at this time for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Dates Worked: From _____ To _____		Salary: Starting _____	Final _____
Employer's Name:		Job Title & Duties:	
Employer's Street Address:			
City, State & Zip			
Supervisor's Name: Telephone:		Reason for Leaving	
Supervisor's Title		May this employer be contacted at this time for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Dates Worked: From _____ To _____		Salary: Starting _____	Final _____
Employer's Name:		Job Title & Duties:	
Employer's Street Address:			
City, State & Zip			
Supervisor's Name: Telephone:		Reason for Leaving	
Supervisor's Title		May this employer be contacted at this time for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list memberships in professional or job relevant organizations, publications, patents, inventions, fellowships, special honors or awards:

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**PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE FOR WORK (BE SPECIFIC)**

DAY	FROM	TO	DAY	FROM	TO
Sunday			Thursday		
Monday			Friday		
Tuesday			Saturday		
Wednesday					

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain:

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**PERSONAL REFERENCES: DO NOT LIST RELATIVES**

List at least three references. References should have some knowledge of your work experience and educational background. Recent graduates are encouraged to list teachers or professors.

1. Name:	How long known:	Occupation/Nature of Relationship:	Telephone:
2. Name:	How long known:	Occupation/Nature of Relationship:	Telephone:
3. Name:	How long known:	Occupation/Nature of Relationship:	Telephone:

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**IMPORTANT: READ CAREFULLY**

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I hereby certify that the answers given by me to the foregoing questions are true and correct without omissions of any kind. I understand that any false or misleading statements or omissions on the application will be sufficient cause for rejection or immediate dismissal.

I affirm that I have a sincere desire to obtain and am completing this application for the specific purpose of obtaining employment with the Community

I hereby authorize all of my prior employers, the officials of all schools which I have attended or been associated with, any person named above on this application, all public officials, and any credit bureau or agency to give any information regarding my employment, personal habits, ability, criminal record, credit standing or any other characteristics whatsoever, whether or not it is on their records, I hereby release all said persons from any and all liability for any damage whatsoever which might result from their revealing or publishing this information.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the Office of Inspector General List of Excluded Individuals and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of Christwood.

I understand and agree that I may be required to undergo a test for the presence of drugs and alcohol as part of the application process and during my employment, if hired. My signature below indicates my agreement to submit to such an examination and testing, to permit the results to be released to Christwood, and to release all persons and companies from any liability arising out of such examination and testing.

I acknowledge that if employed by Christwood, I am to comply with the rules of the Community as they have been or from time to time may be explained to me. I understand that my employment may be terminated with or without cause and with or without notice at any time, at the option of either the Community or me.

I understand that no representative of the Community has the authority to enter into an agreement with me for employment for any specified period of time and that the use of this application does not indicate that there are positions open and does not in any way obligate Christwood.

I further understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this institution.

I hereby acknowledge that I have read and fully understand the meaning and importance of the foregoing as well as the fact that no contract of employment exists between Christwood and me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_