Employment Application (Updated: September 29, 2005)

Position Applying for:			
Date available for work:	Expe	cted Salary:	
Schedule Applying for (ChFull TimePart TimePRN (As needed)8-hour shifts	eck all that apply)12-hourDaysEveningOvernigl	S	
Name: (Last Name)	(First Name)	(Middle Initial)	
		Zip Code:	
elephone Number: Alternate Phone Number:			
In Case of Emergency contact	::	Phone	
Professional License Type:	Lice	nse Number:	
Are you at least 16 years of ag	ge? Yes No Are y	ou at least 18 years of age? Yes No	
Have you been employed by t	he Friendship Home before? Ye	s No Dates:	
Have you ever worked for a	a temp agency before? Yes N	O	
		convicted of a crime in this or any other	
Education		· · · · · · · · · · · · · · · · · · ·	
High School	Years completed	Did you graduate?	
		Yes No	
College	Years completed	Did you graduate? Yes No Degree:	
College	Years completed	Did you graduate? Yes No Degree:	
List anyone vou know th	at works at the Friendship		

Home:

Employment Experience (These will be used for reference checks) Most Recent or Current

Canalayer	CIIC	
Employer		Talankana Nimakan
Job Title		Telephone Number
	A ddraga	Contact's Name:
Address		
(Street Address, City, State, Zip)		
Reason for leaving		
Dates of Employment: Final Rate of Pay:		
Work performed:		
Next Recent		
Employer		
Job Title		Telephone Number
		Contact's Name:
	Address	
(Street Address, City, State, Zip)		
Reason for leaving		
Dates of Employment	1	Final Rate of Pay:
Work performed:		
Next Recent		
Employer		
Job Title		Telephone Number
		Contacts Name:
Address		
(Street Addi	ress, City, State, Zip)	
D ()		
Reason for leaving		F: 1D ((D
Dates of Employment: Final Rate of Pay:		Final Rate of Pay:
Work performed:		
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Any additional information you feel may be helpful to us in considering your application		

Applicant's Statement

I certify that the answers given in this application are true and complete to the best of my knowledge. The facility may investigate all statements made in this application, including any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire, immediate discharge if hired, and civil or criminal penalties in appropriate areas.

In signing this application I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that failure to fulfill any aspect of the job may be grounds for termination. I also understand that I will be required to submit to a physical examination conducted by the Friendship Home after I am given a qualified offer of employment.

I understand that this application is not a contract of employment, that if hired, regardless of any oral representations to the contrary

- 1) the employment relationship between myself and the facility is terminable at will
- 2) I have the right to terminate my employment at any time for any reason, and
- 3) The facility retains the same right.

Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

I understand that, if hired, I will be required t authorization and identity compliant with the	o submit documents sufficient to establish employment Immigration Reform Act of 1986.
Signature of Applicant	Date
	ease of Information rization is deemed as effective as the original)
information regarding my work history to the	Print Name) hereby request and authorize the release of Friendship Home Association. It is expressly understood tha urpose of determining my eligibility for employment.
	t, I agree to release you and your company and it's st, any and all claims of whatever nature that I might have now information.
Signature of Applicant	 Date

Forms Icon- Employment Application