



Date _____
Time _____

Application for Employment

ISOCARE is an Equal Opportunity Employer

A. General Information			
Name: <i>(First, MI, Last)</i>		Social Security No. (SSN)	
Mailing Address: <i>(No., Street, City, State, ZIP Code)</i>		Home Tel.	Work Tel.
Date of Birth:	Place of Birth: <i>(City & State or City & Country)</i>		
Position Applied for:		Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/>	
Date Available:	License/Certification #: <i>(If applicable)</i>	Issuing State of License/Expiration Date:	
Available Shift:		Desired Salary/Rate \$	

B. Other Information			
Has your license/certification ever been revoked or suspended:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when & reason?
Are you able to perform the essential functions of the job for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, describe the functions that cannot be performed?
Are you any of the following: a United States Citizen, a permanent resident alien, a citizen of American Samoa or any other territory owing allegiance to the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? (Documentation required upon hire)
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied/worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Does the company employ any relative of yours by blood or marriage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state name and relationship:
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of any crime (felony or misdemeanor) or are you now under charges for any offense against the Law? You may omit: 1) Any charges that were dismissed or resulted in acquittal; 2) Any conviction that has been vacated, annulled, expunged; 3) Any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding; and 4) Any changes that resulted only in conviction of a non-criminal offense. All felony and misdemeanor convictions and all convictions in state and federal courts are criminal convictions and must be disclosed. Disclosure of such convictions is required even if you did not spend any time in jail and/or were not required to pay a fine.			YES <input type="checkbox"/>
If you have been convicted of a crime or are now under charges, please explain:			
Have you ever been fired from any job for any reason? If yes, please explain.			YES <input type="checkbox"/>
Have you ever quit a job after being notified that you would be fired? If yes, please explain.			YES <input type="checkbox"/>
Have you ever been involved in any elder abuse allegation? If yes, please explain.			YES <input type="checkbox"/>

C. Educational History

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

D. References

Please list three professional references.

1. Full Name:		Relationship:	
Company:			Phone: ()
Address:			
2. Full Name:		Relationship:	
Company:			Phone: ()
Address:			
3. Full Name:		Relationship:	
Company:			Phone: ()
Address:			

E. Work History --- begin with most recent employment

May we ask your present employer about your character, qualifications and employment record? A "No" will not affect your consideration for employment opportunities. YES NO

Company:				Phone: ()
Address:			Supervisor:	
Job Title:		Starting Salary: \$		Ending Salary: \$
Responsibilities:				
From:		To:		Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:				Phone: ()
Address:			Supervisor:	
Job Title:		Starting Salary: \$		Ending Salary: \$
Responsibilities:				
From:		To:		Reason for Leaving:
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	



E. Work History (continued)

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer and Signature

_____ (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 or misstatement 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.

_____ (Initial) I hereby authorize the company 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 the company 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 the company, 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 related to such investigation or disclosures.

_____ (Initial) 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 the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determined period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representatives.

_____ (Initial) I agree to take physical exams at any time at the request of the company at no personal expense to me, and expressly authorize the examining physician to disclose the findings to the company/facility or an authorized agent of this company/facility. I further release the physician from any claims, demands, or liabilities arising out of the disclosure of such findings.

_____ (Initial) I understand that I will undergo a background screening to ensure that I am not listed as someone who is excluded from Federal Programs by the General Services Administration or the Department of Health and Human Services.

IF APPLYING FOR THE POSITION OF RN, LVN, RNA, CNA, or NA:

_____ (Initial) I hereby certify that I have not been convicted of any offense involving abuse, neglect, endangerment, or mistreatment of an elder or dependent adult or any offense involving theft or embezzlement from an elder or a dependent adult.

_____ (Initial) I understand and expressly agree that in the event I am hired prior to the completion of a criminal background check and that background checks results in a negative or derogatory report, my employment will be immediately terminated.

Signature: _____ **Date:** _____