

BROOKSIDE NURSING HOME, INC.

Application for Employment

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, DISABILITY OR HANDICAP.

DATE _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE _____ SOCIAL SECURITY NO. _____ - _____ - _____

IF NOT AN U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

YES _____ NO _____ ALIEN NO. REG. _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____

SHIFT YOU CAN WORK: DAY _____ EVENING _____ NIGHT _____ ALL _____

DATE YOU CAN START: _____
MONTH DAY YEAR

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE: YES _____ NO _____

WHEN _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE: YES _____ NO _____

WHEN _____ SUPERVISOR _____

REASON FOR LEAVING: _____

EDUCATION

HIGHEST GRADE COMPLETED
1 2 3 4 5 6 7 8 GRADE SCHOOL 9 10 11 12 HIGH SCHOOL 1 2 3 4 COLLEGE

NAME OF LAST SCHOOL ATTENDED _____

VOCATIONAL OR TRADE TRAINING _____

REFERENCES

GIVE BELOW THREE PERSONS NOT RELATED TO YOU

NAME	ADDRESS	TELEPHONE #	YEARS AQAUNITED WITH YOU
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

FORMER EMPLOYERS

LIST BELOW YOUR WORK EXPERIENCE, STATRING WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT

DATES EMPLOYED	NAME & ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	POSITION & SALARY	REASON FOR LEAVING
FROM _____	_____	_____	_____	_____
TO _____	_____	PHONE # _____	_____	_____
FROM _____	_____	_____	_____	_____
TO _____	_____	PHONE # _____	_____	_____
FROM _____	_____	_____	_____	_____
TO _____	_____	PHONE # _____	_____	_____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

APLICANT STATEMENT

I understand that any employment by Brookside Nursing Home, Inc. will be on a 520 working hour probationary basis. If employed by Brookside Nursing Home, Inc. I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize Brookside Nursing home, Inc. or its authorized representative to contact any and/or all of my references for full information. I agree to take a physical examination at any time at the request of the facility at no personal expense to me, and I also agree that the examining physician may disclose the findings to Brookside Nursing Home, Inc. or its authorized representative. I understand that this application will be retained for one year from the date of application and will remain in the active file for ninety (90) days from date of application.

DATE _____

APPLICANT'S SIGNATURE _____