

# BARFIELD HEALTH CARE

## EMPLOYMENT APPLICATION

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or disability, or any other legally protected status.

This application will remain active for 90 days.

DATE OF APPLICATION: \_\_\_\_\_

DO NOT PROVIDE INFORMATION BY WRITING "SEE RESUME". Incomplete applications WILL NOT be considered

APPLICANT INFORMATION			
NAME	LAST	FIRST	MIDDLE
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE: ( )		WORK PHONE: ( )	
If you have lived at the address above for less than 12 months, list previous address below			
ADDRESS	CITY	STATE	ZIP CODE

POSITION DESIRED	
DEPARTMENT	( ) R.N. ( ) L.P.N. ( ) C.N.A. ( ) NURSING ADMIN. ( ) OTHER _____
SPECIFIC POSITON(S) DESIRED	

EDUCATION AND TRAINING						
School Name and Address	High School		Trade / Associate Degree		College	
Dates Attended	From	To	From	To	From	To
Degree Earned						
Major						
Other Special Training						

MILITARY SERVICE RECORD	
The Employment of veterans will be conducted in accordance with state and federal laws and regulations	
Are you a member of a Reserve or National Guard unit?	( ) YES ( ) NO
Were you in the U.S. Armed Forces?	( ) YES ( ) NO
If YES, what Branch?	Type of Discharge?
Dates of Duty	From: _____ To: _____
List of duties in the military or special training that prepared you for the position you are seeking.	

**QUESTIONNAIRE: Answer ALL questions listed below.**

Are you at least 18 years old?  YES  NO

Are you a U.S. Citizen or legally authorized to work in the United States?  YES  NO

Do you have adequate transportation to get you to work on time each day and when called in on short notice?  YES  NO

Have you ever been convicted of or plead guilty to any crime or are you currently under investigation?  YES  NO

Are you currently charged with any criminal offense other than traffic violation(s)?  YES  NO

Have you been released from confinement following a conviction for any criminal offense within the last seven years?  YES  NO

Have you been asked to resign, been suspended or terminated from a job?  YES  NO

If YES to any of the four preceding questions, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you did not graduate from High School, do you hold a G.E.D.?  N/A  YES  NO

Do you meet the requirements for the position for which you are applying?  YES  NO

Do you have the ability to perform the essential job functions of the position?  YES  NO

Are you physically able, with or without reasonable accommodation, to perform the duties of the position for which you are applying?  YES  NO

If NO to any of the four preceding questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you can begin work: \_\_\_\_\_  1st Shift  2nd Shift  3rd Shift  Other

Will you work overtime whenever scheduled or requested?  YES  NO

Are you willing to be "on call" for emergency situations?  YES  NO

Will you accept part-time work?  YES  NO

Will you accept temporary work?  YES  NO

Have you ever been employed in a Nursing Home or other Long Term Care Facility?  YES  NO

If YES, give position and dates employed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer Name & Address	Date Employed		Salary	Job Title / Position	Supervisor	Reason for Leaving
	From	To				

**LICENSE HELD**

Type of License Held	Date Issued	Issued By	Renewal Date

**REFERENCES**

Include ONLY those individuals who have observed your work performance

NAME	Position	ADDRESS	TELEPHONE

**BARFIELD HEALTH CARE REFERENCES**

Are you related to, or do you know anyone who works at Barfield Health Care? ( ) YES ( ) NO

If YES, list names of these individuals.

**I hereby affirm that the information provided in this application is true and accurate. I understand that if I am employed, and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. By my signature below, I authorize former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.**

**In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigation report is made I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.**

**I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of Barfield Health Care's current policies**

**I understand that Barfield Health Care reserves the right to require its employees to submit to blood tests and/or urinalysis for drug screens, and to allow inspection of bags.**

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

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

