



APPLICATION FOR EMPLOYMENT

FOR EMPLOYER USE ONLY

HIRE DATE: _____

JOB TITLE: _____

PAY RATE: _____

REHIRE: _____

Ashley House is an Equal Opportunity Employer. Hiring decisions will be made without regard to race, color, creed, religion, national origin, age, gender, presence of any sensory, mental or physical disability, including HIV/AIDS conditions, use of a trained guide dog or service animal by a person with a disability, marital status, disabled status or veteran status, sexual orientation or any other reason prohibited by Federal, State, or local law; unless such decision/action is based upon a bona fide occupational qualification and/or necessary to meet health and safety standards.

Last Name: _____			First: _____			Middle: _____		
Street Address: _____								
City, State, Zip _____								
Home Phone: _____			Cell phone: _____			Work/messg phone: _____		
E-mail address: _____								
Other Name(s) you have been known by (i.e. married, maiden, alias) _____								
Are you 18 years of age or older? _____				Are you eligible for employment in the United States? _____				
Have you ever been discharged or asked to resign? If yes, please explain fully: _____								
Have you ever been convicted of any criminal offenses? (A Conviction will not necessarily bar you from employment) If yes, please explain fully: _____								
Position(s) applying for: _____					Date Available to start work: _____			
Minimum starting wage: _____					Have you ever been employed at Ashley House? _____			
Days of the week available to work: _____ Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat								
Hours available to work: _____			6:00 a.m. - 6:00 p.m.			6:00 p.m. - 6:00 a.m.		
Do you have any relatives employed at Ashley House? _____					Name: _____			
Are you able to perform the essential functions of the position(s) for which you have applied for, as set forth in the job description, with or without reasonable accommodations? If no, please explain: _____								
How did you hear about employment opportunities at Ashley House? _____ Friend _____ Online (please indicate website) _____ Ashley House employee: _____								
Education								
Type of School:	Name of School, City & State				Graduated?	Degree and Major:		
High School								
College								
Nursing School								
Other								
Professional Registration, Certification, or License Information								
Type:	State issued:	Number:	Date Issued:	Expiration Date:				
If you do not have a required registration or license, have you applied for one? _____								
Date examination is scheduled, if required: _____								
Have you ever had a license or professional registration revoked? If yes, explain fully: _____								

Training and/or experience: indicate "T" if you have training in this skill, indicate "E" if you have experience, or indicate "B" if you have both training and experience.

Clinical:

<input type="checkbox"/> ACLS	<input type="checkbox"/> PEDIATIRCS	<input type="checkbox"/> ROM
<input type="checkbox"/> PATIENT ASSESSMENT	<input type="checkbox"/> PHYSICAL REHAB	<input type="checkbox"/> VENTILATORS
<input type="checkbox"/> CARE PLANNING	<input type="checkbox"/> HOME HEALTH	<input type="checkbox"/> HOUSEKEEPING
<input type="checkbox"/> CRITICAL CARE	<input type="checkbox"/> HOSPICE	<input type="checkbox"/> LAUNDRY
<input type="checkbox"/> NEWBORN NURSERY	<input type="checkbox"/> IV THERAPY	<input type="checkbox"/> MAINTENANCE
<input type="checkbox"/> NEONATAL ICU	<input type="checkbox"/> STERILE TECHNIQUE	<input type="checkbox"/> OTHER (LIST)
<input type="checkbox"/> ICU/CCU	<input type="checkbox"/> TRANSFER TECHNIQUE	

Business/Clerical/Other:

<input type="checkbox"/> SCHEDULING	<input type="checkbox"/> MANAGEMENT/SUPERVISION	<input type="checkbox"/> CHART REVIEW
<input type="checkbox"/> FILING	<input type="checkbox"/> A/R BILLING	<input type="checkbox"/> BOOKKEEPING

Employment History/Volunteer Work: begin with most recent employer

Employer:		Direct Supervisor Name & Title:	
Job Title:		Telephone:	
Duties:		Address:	
Start Date:	End Date:	Beginning Pay:	Ending Pay:
Reason for Leaving:		Ok to contact:	

Employer:		Direct Supervisor Name & Title:	
Job Title:		Telephone:	
Duties:		Address:	
Start Date:	End Date:	Beginning Pay:	Ending Pay:
Reason for Leaving:		Ok to contact:	

Employer:		Direct Supervisor Name & Title:	
Job Title:		Telephone:	
Duties:		Address:	
Start Date:	End Date:	Beginning Pay:	Ending Pay:
Reason for Leaving:		Ok to contact:	

Consent to Verification of Representations: I understand that the company may wish to verify representations contained in this application. I also understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: driving record, court record, education, credentials, credit and references. I hereby give my consent to the company and its agents to fully investigate the representations contained in this application as well as to investigate my personal history. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Ashley House or its agents to furnish information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I release Ashley House, its agents, and any person who provides information to Ashley House, or its agents, from any claims that I may have for supplying information to Ashley House or its agents.

Representation: I represent and warrant that the information set forth in this application is complete, true, and correct in all respects. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment, regardless of when or how discovered. If hired, I agree to abide by all of the company rules and regulations. I understand these rules and policies may change. I acknowledge that I have read the above statements and have been given the opportunity to ask questions or seek clarification.

Signature of applicant

Date