



ASSISTED LIVING

NURSING AND REHABILITATION CENTER

3210 Powder Mill Road • Adelphi, Maryland 20783 • (301) 937-3939

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone No. _____ Social Security # _____
(Area Code)

Position Applied For: _____

Preferred Work Setting Nursing Facility Assisted Living Both

Nursing Department Applicants: CNA GNA CMA LPN RN

License/Certification #: _____ Expiration Date: _____

Date Available for Work: _____

Days Available To Work: Sun Mon Tue Wed Thu Fri Sat

Shift Available To Work: Day Evening Nights

Type of Employment Desired: Full-Time Part-Time PRN

Referral Source: Advertisement Employee Employment Agency Walk-In Relative

Web Site Name of Source: _____

Have you filed an application here before? Yes No

If yes, give date: _____

Have you ever been employed here before? Yes No

If yes, give dates: From: _____

To: _____

If you are under the age of 18, can you furnish a work permit? Yes No

Are you willing and able to perform the duties as described in the Job Description for which you have applied? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of US citizenship or immigration status will be required upon employment)

Are you on lay-off or subject to recall? Yes No

Have you ever been convicted of a felony? Yes No

(Such conviction may be relevant if job related, but not bar you from employment.)

If yes, please explain: _____

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comment section below.

<hr/> Employer	<hr/> Telephone	<hr/> Dates of Employment: To - From	
<hr/> Address: (Street)	<hr/> (City)	<hr/> (State)	<hr/> (Zip Code)
<hr/> Job Title	<hr/> Pay Rate: (Hourly Rate)		
<hr/> Supervisor and Title	<hr/> Reason for Leaving		

May we contact for reference? (Please check one): Yes No Later

Summarize the nature of the work performed and job responsibilities: _____

<hr/> Employer	<hr/> Telephone	<hr/> Dates of Employment: To - From	
<hr/> Address: (Street)	<hr/> (City)	<hr/> (State)	<hr/> (Zip Code)
<hr/> Job Title	<hr/> Pay Rate: (Hourly Rate)		
<hr/> Supervisor and Title	<hr/> Reason for Leaving		

May we contact for reference? (Please check one): Yes No Later

Summarize the nature of the work performed and job responsibilities: _____

<hr/> Employer	<hr/> Telephone	<hr/> Dates of Employment: To - From	
<hr/> Address: (Street)	<hr/> (City)	<hr/> (State)	<hr/> (Zip Code)
<hr/> Job Title	<hr/> Pay Rate: (Hourly Rate)		
<hr/> Supervisor and Title	<hr/> Reason for Leaving		

May we contact for reference? (Please check one): Yes No Later

Summarize the nature of the work performed and job responsibilities: _____

Comments (Including explanation of any gaps in employment): _____

Skills and Qualifications: (Summarize special skill and qualifications acquired from employment or other experience that may qualify you to work with our company: _____

EDUCATIONAL HISTORY

List the last two (2) schools you attended or started, starting with the most recent.

Name of School	Year Completed	Degree or Diploma	Major
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Name of School	Year Completed	Degree or Diploma	Major
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List any foreign language(s) and check the appropriate box that best describes your skill level.

Language:	Read & Write	Read & Speak	Read Only	Speak Only
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL REFERENCES

List the name and telephone number of three personal references who are not related to you. If not applicable, list three school or personal references that are not related to you.

Name and Address	Telephone	Years Known
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Name and Address	Telephone	Years Known
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Name and Address	Telephone	Years Known
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List any additional information you would like us to consider: _____

APPLICANT'S STATEMENT

I understand that initially I will be employed by Hillhaven Healthcare Management on a 90-day initial evaluation period and further understand that Hillhaven is an at will employer. If employed by Hillhaven 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 (if I have been hired) discovery of misrepresentation or omission of the facts herein will be cause for immediate dismissal. I authorize investigation of all statements contained herein, and the references listed above. I authorize all references and former employers to release to Hillhaven Healthcare Management, any and all information concerning my previous employment, and pertinent information they may have, personal or otherwise. I release and hold all parties harmless from all liability for any damage that may result from furnishing information to Hillhaven Healthcare Management.

Should I be offered a position I agree to take a physical examination at any time, at the request of this center and agree that the examining physician may disclose the findings to this center or an authorized agent of the center.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND IS SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Hillhaven is an equal opportunity employer. All employees are subject to criminal background checks.

Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY

Comments: _____

Interview Date: _____

Hire Date: _____

Position: _____

Rate: _____

Employee No.: _____

Conexis (FT only): _____

Department Orientation:

Day 1:

Day 2 :

Day 3: