



FACILITY/EMPLOYER: Lanessa Extended Care

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Federal and state laws prohibit discrimination in employment practices based on race, color, religion, sex, age, handicap, disability, or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap, disability, or national origin.

Name: Last	First	Middle	Social Security No.	Telephone No.
Address: Street	City	State	Zip Code	For All Licensed Staff
			State: Reg. No.:	Date Granted:
If your records may be under a name other than indicated above, please specify:			Last Renewal:	Expiration Date:

Are you a citizen of the United States? Yes No
 If you are not a U.S. Citizen, do you have the legal right to remain permanently in the United States? Yes No Explain:

Are you between the ages of 18 and 70? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know of any fact that would limit or impair your ability to perform the functions of the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
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Specialized training or experience not shown on other side of form:

Where now employed?	Reason for desiring change:
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EDUCATION

Name and Location of Schools or Colleges	Major Subject	Graduated?	Degree	Attended From	To

FORMER EMPLOYERS AND EXPERIENCE (References)

Name and Address	Nature or Experience	From	To	Salary	Reason for Leaving
1					
2					
3					

Have you ever worked as a CNA in another State: ____ YES ____ NO

PERSONAL REFERENCES (Not Relatives)

Name	Address	Phone	Business
1			
2			

How did you hear about us?

Newspaper, what publication _____

Friend _____ Employee _____ Other: _____

I authorize the schools, employers, and individuals listed in this application to release any information regarding my previous employment, character, general reputation and personal characteristics.

Yes No

I certify that the statements I have made in this application are true and hereby grant the employer permission to verify that accuracy and completeness of this information and to investigate all references and educational records. I understand that any false or misleading statements made by me on this application or in conjunction with my physical examination will be sufficient cause for the rejection of this application or for immediate dismissal if such false or misleading information is discovered after my employment. If I am accepted for employment, I agree to abide by the rules and regulations of the employer.

Signed: _____ Date: _____