



**FACILITY/EMPLOYER: Parsons Hill Nursing and Rehabilitation Center**

## 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:<br>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: |
|---|--|----------|

Specialized training or experience not shown on other side of form:

|                     |                             |
|---------------------|-----------------------------|
| Where now employed? | Reason for desiring change: |
|---------------------|-----------------------------|

### 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: \_\_\_\_\_