

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

We are an equal opportunity employer.



PERSONAL

Last Name	First Name	M.I.	Social Security #	Application Date
Address	City	State	Zip	Phone Number
If offered employment, can you provide verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				Day () _____
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				Evening () _____
				Other () _____

General Information

Position Desired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	How were you referred to us?	Date Available
Have you previously been employed by Lawrence Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____		Were you employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what names _____	
Are you able to perform the essential duties of the position for which you are applying either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please indicate what type(s) of reasonable accommodations are needed.			
Are there any experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)			

Education

Name of School and Location (City & State)	Did you Graduate?	Degree and Major	G.P.A.
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Honors, Awards, and other Achievements:			
Professional Registrations/Certifications:			
Other Job Related Activities (e.g., Professional Memberships) that may prove beneficial to your work:			

Employment History

List below present and past employment, beginning with your most recent.

1	From (Month/Year)	To (Month/Year)	Total Months	
Full Name of Employer				
Company Address			City	
State		Zip Code		Name of Your Supervisor
Reason for Leaving			Supervisor's Phone Number	
Starting Position			Monthly or Hourly Salary/Wages	
Final Position			Monthly or Hourly Salary/Wages	
Description of Duties, Responsibilities				

2	From (Month/Year)	To (Month/Year)	Total Months	
Full Name of Employer				
Company Address			City	
State		Zip Code		Name of Your Supervisor
Reason for Leaving			Supervisor's Phone Number	
Starting Position			Monthly or Hourly Salary/Wages	
Final Position			Monthly or Hourly Salary/Wages	
Description of Duties, Responsibilities				

3	From (Month/Year)	To (Month/Year)	Total Months	
Full Name of Employer				
Company Address			City	
State		Zip Code		Name of Your Supervisor
Reason for Leaving			Supervisor's Phone Number	
Starting Position			Monthly or Hourly Salary/Wages	
Final Position			Monthly or Hourly Salary/Wages	
Description of Duties, Responsibilities				

Personal References

Not former Employers or Relatives			
Name	Occupation	Address	Phone Number

Have you ever been cited for a traffic violation of any kind within the last 7 years? Yes No
 If yes, please give dates and details. _____

Have you ever pled guilty or "no contest" to a crime? Yes No
 If yes, please give dates and details. _____

Are you currently subject to any criminal charges? Yes No
 If yes, please give dates and details. _____

Note: Answering "Yes" to the above questions does not constitute an automatic bar to employments.

Do you have any commitments to any other employer which may affect your employment? Yes No
 If yes, please explain. _____

Have you ever been terminated or asked to resign from any job? Yes No
 If yes, please explain circumstances. _____

May we contact your current employer? Yes No
 If no, please explain. _____

APPLICANT'S STATEMENT

I understand that Lawrence Health Services is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by law.

In making this application for employment, I understand that the facility may investigate any driving record and my criminal record and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative report.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give the facility or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the facility.

I understand that the facility reserves the right, to the extent permitted by law, to require a medical examination including, but not limited to, any drug screening test, urinalysis, blood test, breathalyzer, or other procedure, of any applicant or employee either prior to employment or any time during employment and I hereby give consent to any such test or examination. I consent to the release of the results of any such test or examination to the facility.

I understand that this employment application and any other facility documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and that the facility has a similar right. I understand that no manager or representative of the facility has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the Administrator may do so in writing.

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the exclusive judgment of the facility) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A PERIOD OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

Applicant Signature

Date