



APPLICATION FOR EMPLOYMENT

To promote a healthier environment for our employees, patients, and the community we serve, all Erlanger facilities including ContinuCare HealthServices Inc. are tobacco free.
The health and safety of all concerned is our number one priority.

All individuals who are selected for employment at any Erlanger campus including ContinuCare HealthServices, Inc. **must pass an illegal drug test and sign a tobacco free affidavit.** All candidates that do not pass this screening will be disqualified from employment at ContinuCare HealthServices, Inc. for at least six (6) months.

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, CREED, NATIONAL ORIGIN, AGE OR DISABILITY.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT OUR COMPANY WILL EMPLOY THE APPLICANT. THIS APPLICATION IS VALID FOR ONE YEAR AND WILL BECOME PART OF THE EMPLOYMENT RECORD IF THE APPLICANT IS HIRED.

APPLICANT INFORMATION

Date _____ SS# _____

Name _____
(First) (MI) (Last)

Address _____

City, State, Zip _____

Phone _____ Alternate Phone _____

E-Mail Address _____ @ _____

How did you learn of our organization? _____

Are you 18 years or older? Yes No

Have you ever applied or been employed here before? Yes No

Do you have work experience or education under a different name? Yes No

If so, please list (including first, middle and last names): _____

Have you ever been convicted or plead guilty or no contest to any criminal offense? Yes No

If yes, please state the offense, location, date and disposition, and any other circumstances or rehabilitation.

Position Applying For: _____ Salary Expectations: _____

Can you perform the essential job functions, with or without a reasonable accommodation? Yes No

Are you currently employed? Yes No May we contact your current employer? Yes No

If hired, on what date will you be available to start work? _____

Type of Employment: Full Time Part Time PRN

List days available for assignment: _____

List hours available for assignment: _____

Overtime: Yes No Weekend: Yes No Call: Yes No

Do you have reliable transportation? Yes No

WORK HISTORY

List the names of employers in consecutive order with present or last employer listed first. Account for all periods including military services. If self-employed, give firm name and supply additional references. **Please give both month and year.**

Name of Employer:	Name/Title of Supervisor:		
Address:	Date Employed:	From:	To:
	Starting Pay:	Beginning:	Ending:
Telephone:	Your Title:		
Nature of Business:			
Reason for Leaving:			
Duties:			
Name of Employer:	Name/Title of Supervisor:		
Address:	Date Employed:	From:	To:
	Starting Pay:	Beginning:	Ending:
Telephone:	Your Title:		
Nature of Business:			
Reason for Leaving:			
Duties:			
Name of Employer:	Name/Title of Supervisor:		
Address:	Date Employed:	From:	To:
	Starting Pay:	Beginning:	Ending:
Telephone:	Your Title:		
Nature of Business:			
Reason for Leaving:			
Duties:			
Name of Employer:	Name/Title of Supervisor:		
Address:	Date Employed:	From:	To:
	Starting Pay:	Beginning:	Ending:
Telephone:	Your Title:		
Nature of Business:			
Reason for Leaving:			
Duties:			

EDUCATION AND/OR EXPERIENCE

Name of High School _____ Diploma GED

Name of College(s) _____

Major(s)/ Subject(s) _____

Degree(s) Obtained _____

Completion Date(s) _____

Other Education or Training _____

Are you CPR certified? Yes No If so, expiration date _____

Do you have the following? CDA TECTA

COMPLETE ONLY IF LICENSED OR CERTIFIED APPLICANT Check all areas of experience

Burns	_____	ER	_____	L&D	_____	NICU	_____	Rehab	_____
CCU	_____	ICU	_____	OB/GYN	_____	RR	_____	Med/Surg	_____
IV	_____	Charge	_____	NB Nursery	_____	OR	_____	Telemetry	_____
Dr. Office	_____	Neuro	_____	Pediatrics	_____	Dialysis	_____	Total Pt.Care	_____
		Vents	_____	Psych	_____	Urology	_____	Industrial	_____

All States in which you currently have an active License/Certification: _____

Is your License/Certification, or has your License/Certification ever been under investigation?
Yes No

If so please explain: _____

List months or years of experience in the following areas:

	<u>Months</u>	<u>Years</u>		<u>Months</u>	<u>Years</u>
Home Health	_____	_____	Respiratory Therapy	_____	_____
Private Duty	_____	_____	Pharmacy Retail	_____	_____
Hospital Staff	_____	_____	Pharmacy Hospital	_____	_____
Nursing Home Staff	_____	_____	Infusion Nursing	_____	_____
Doctor's Office	_____	_____	Child Care Facility	_____	_____

PROFESSIONAL REFERENCES

List at least three (3) professional references (with whom you have worked) who can verify your training and professional capabilities. Please include individuals whom you have known for at least one (1) year.
Please do not include relatives.

REFERENCES

Name	Company	Phone	Relationship	# Yrs

TECHNICAL/COMPUTER SKILLS (circle all that apply)

Internet Email Outlook Windows	MS Excel MS Word Computer-Based Training Computer-Based Charting/Reporting	PowerPoint Access Cash Register	Other Computer Skills:
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List those skills and abilities (personal skills, qualities, work style, interpersonal ability, communication, etc.) you feel particularly qualify you for the position you are seeking.

AGREEMENT TO TERMS AND CONDITIONS OF EMPLOYMENT

Affidavit

Initial

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the Organization shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that I may be required to have a medical examination, drug and alcohol test and/or tobacco/nicotine test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the administration.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other organizational policies and procedures. The Organization shall have the right to amend, modify, or revoke its policies and procedures at any time. I will familiarize myself promptly with such policies and procedures and will abide and be bound by the policies and procedures now or hereafter in effect.

_____ I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements of the position for which I am applying. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____

Date: _____

Printed Name: _____