

SURECARE™ SERVICES EMPLOYMENT APPLICATION

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job, related medical condition or handicap. Applicant acknowledges that SureCare™ constitutes an employment agency within the meaning of Title VII, Civil Rights Act of 1964.

Date of application _____

Name _____ Other Name _____

Address _____

Phone no. _____ Social Security # _____

How long at this address? _____ Years _____ Months

Previous address _____

Are you a U.S. citizen? Yes No If not, do you have a valid work permit? Yes No

Are you available for Full-time Part-time?

Are you applying for: Full-time Part-time Regular Temporary

Would you consider working: Weekends & Holidays Yes No Rotating Shifts Yes No

On call Yes No Any shift Yes No

Shift preference: Days Evenings Nights

Do you have reliable transportation to any area job site? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, explain _____

In your belief, are you bondable? Yes No

Have you had advanced First Aid training? Yes No CPR? Yes No

Position applied for: _____ Salary desired: _____

How were you referred to this facility? _____

Relatives or friends employed in this facility? Yes No Department: _____

Have you ever been employed by this facility? (When?) _____

Are you 18 years old or younger? Yes No Date available for work: _____

Long range occupational goals: _____

Give name, address and phone number of at least three references (other than relatives) who can attest to your reliability: _____

EMPLOYMENT EXPERIENCE

List each job held, beginning with most recent.

Describe job duties:

	Employer Name & Address:	
	Dates: From _____ To _____ Final Salary: _____	
1	Supervisor's Name:	
	Reason for Leaving:	
	Employer Name & Address:	
	Dates: From _____ To _____ Final Salary: _____	
2	Supervisor's Name:	
	Reason for Leaving:	
	Employer Name & Address:	
	Dates: From _____ To _____ Final Salary: _____	
3	Supervisor's Name:	
	Reason for Leaving:	
	Employer Name & Address:	
	Dates: From _____ To _____ Final Salary: _____	
4	Supervisor's Name:	
	Reason for Leaving:	
	Employer Name & Address:	
	Dates: From _____ To _____ Final Salary: _____	
5	Supervisor's Name:	
	Reason for Leaving:	

Summarize any special skills or qualifications other than those acquired from the above employment experiences

EDUCATION

High school name _____ Location _____

Did you graduate? Yes No

Post-high school training:

College name _____ Location _____

Did you graduate? Yes No Major _____

Voc/Tech school name _____ Location _____

Major/course of study _____

Graduate school name _____ Location _____

Degree received _____

Honors received _____

Describe any specialized training, apprenticeship, or extra-curricular activities rounding out your education

List any professional, trade, business or civic activities in which you've been involved which may help evaluate your application (please, no groups which indicate race, religion, sex or national origin)

Is there anything else we should know in evaluating your application?

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete a drug screening as a condition of employment. I understand the facility may have a no-smoking policy and I agree to comply with its requirements.

I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one 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 for a written employment agreement signed by an administrative representative of this facility and notarized.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Date _____ Signature _____