

CERTIFICATION

We welcome your application! We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of this excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application or resume.

I certify that the information contained in this application for employment is true, correct and complete and I hereby grant AristaCare Health Services (hereafter known as "ACHS") permission to verify the information contained herein. I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds, among others, for rejection of my application or my immediate termination in the event that I am hired. I hereby grant ACHS permission to verify the information provided herein and recognize that my employment is conditional upon receipt of satisfactory recommendations from former employers and references. I understand and will voluntarily participate as requested in the ACHS assessment center process which may include one or more assessment tools that measure and profile my match with the job requirements. ACHS reserves the right to conduct a criminal and/or job history search. I understand, further, that, an offer of employment, if made, may be contingent upon my taking, and passing a fitness for duty examination and drug screen and recognize that I may be required to take drug tests as may be required by ACHS as a condition of my continued employment.

The release and authorization acknowledges that this company may now, or at any time while employed, conduct a verification of my education, previous employment/work history, credit history, driving record, and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State. The results of the verification will be used to determine employment eligibility.

**I understand that this application for employment and any other documents issued by ACHS are not contracts of employment and recognize that I am free to terminate my employment upon reasonable notice and that I may be terminated by ACHS at any time and for any reason.**

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Date

## APPLICATION FOR EMPLOYMENT

<b>APPLICANT</b>	<b>PLEASE PRINT</b>	Date: ____ / ____ / ____
	Name _____ <small>(First) (Middle) (Last)</small>	
	Address _____ _____	
	Telephone # _____ Alternate # _____	
	Social Security # _____	

<b>GENERAL INFORMATION</b>	1. Position Applying For _____ Department _____
	2. Salary Expected _____
	3. Are you interested in other positions? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify positions _____
	4. Are you available to work ..... <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time ..... <input type="checkbox"/> Seasonal <input type="checkbox"/> On-call Days _____ Hours _____
	5. Will you work other shifts? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Will you work overtime? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Date available to start work _____
	8. Have you ever worked for AristaCare Health Services before? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____ Place _____
	9. Have you ever applied for a job with AristaCare Health Services..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____ Place _____
	10. Have you ever been known by any other name(s)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify _____
	11. Are you legally eligible to work in the United States..... <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of U.S. citizenship or employment eligibility, will be required upon employment.)
	12. If you are under 18, can you furnish a work permit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	13. Are you on a lay-off and subject to recall?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	14. Have you every been convicted of a crime other than a traffic violation? If yes, explain..... <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
	15. Have you had any investigations completed on your certification or license in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____ _____ _____ _____



**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**  
AristaCare, in accordance with the State and Federal laws does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status or disability.



**EMPLOYMENT EXPERIENCE**

**Please list all employment you have had since high school, including military service. Explain any gaps in employment. You may include volunteer work. Use additional sheets if necessary. Failure to list any previous employment is falsification of this employment application and may result in discharge.**

**DATES**

From: 1. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 Duties included \_\_\_\_\_

To: Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Reason for Leaving (circle one)    Quit    Discharge    Layoff    Resignation  
 Explain if necessary \_\_\_\_\_  
 May we contact this employer? .....  Yes     No  
 If no, explain \_\_\_\_\_

**DATES**

From: 2. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 Duties included \_\_\_\_\_

To: Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Reason for Leaving (circle one)    Quit    Discharge    Layoff    Resignation  
 Explain if necessary \_\_\_\_\_  
 May we contact this employer? .....  Yes     No  
 If no, explain \_\_\_\_\_

**DATES**

From: 3. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 Duties included \_\_\_\_\_

To: Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Reason for Leaving (circle one)    Quit    Discharge    Layoff    Resignation  
 Explain if necessary \_\_\_\_\_  
 May we contact this employer? .....  Yes     No  
 If no, explain \_\_\_\_\_

**DATES**

From: 4. Gaps in employment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

1. Education	Elementary/ Middle School	High School	College/University	Graduate/ Professional
School Name				
Years Completed Circle	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Specialized training, skills or activities which would be relevant to the position you are seeking				
Courses now studying				

**2. Professional, Certified and Managerial Applicants Only:**

1. Prof/Cert. Title \_\_\_\_\_ Lic.# \_\_\_\_\_  
 2. Prof/Cert. Title \_\_\_\_\_ Lic.# \_\_\_\_\_  
 3. Prof/Cert. Title \_\_\_\_\_ Lic.# \_\_\_\_\_

**3. Other Training for Secretarial, Bookkeeping or Clerical Applicants:**

Word Processing _____	Windows _____	Accounts Payable _____
Lotus 123 _____	Shorthand _____	Accounts Receivable _____
Data Entry _____	Proofreading _____	Payroll _____
IBM/PC _____	Telephone Skills _____	Personnel _____

**NOTE:** Driver applicants or those intending to drive for company business must complete the vehicle operator application.

**4. Please describe any other skills and/or experience that are relevant to a position which you are seeking.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Relationship to you \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Relationship to you \_\_\_\_\_