



**APPLICATION
FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

PERSONAL INFORMATION:

Today's Date _____

Name _____ Social Sec # - -
(as shown on SS Card)

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

Phone Number _____ - _____ - _____ Are you under 18 years of age Yes _____ No _____

Are you a U.S. Citizen _____ If no, Please Specify _____

Military Status: Check one. None _____ Active Duty _____ Reserve _____ Retired _____

Have you ever been employed by Robeson Health Care Corp. _____ If yes, When? _____

Are you related to any persons employed by Robeson Health Care Corp. Yes _____ No _____

If yes, give name and relationship _____

List all professional certification, licenses, skills, abilities and training that would pertain to the job for which you have applied. Include equipment, machines, computers, computer programs, etc.

If applying for a clerical position include how many WPM. _____

List languages in which you are fluent _____

AVAILABILITY

For which position are you applying? _____

What date can you start? _____

What would you prefer? ☐ Full-time ☐ Part-time / Temporary ☐ PRN pool

For which schedules are you available? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights
(Check all that apply) ☐ Overtime ☐ Shift ☐ Other

☐ Yes ☐ No Do you have valid drivers license?

Driver's License # _____ State of Issue _____

☐ Yes ☐ No Have you had any moving violations? Please describe. _____

Please list all states and counties where you have lived in for the past seven years.

State							
County							

- ☐ Yes ☐ No Have you used any names or Social Security Numbers other than given on this application? If so, please list in comments below.
- ☐ Yes ☐ No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. *(Conviction will not necessarily be a bar to employment.) (In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)*

INCIDENT	CITY / STATE	CHARGE
1.		
2.		

COMMENTS Ask for additional page if necessary

PLEASE NOTE: Your application will not be considered unless every question in this section is answered.

EDUCATION (Give your complete educational history below)

Circle the Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School _____ Location _____ Graduate **Yes No** Year _____

College _____ Location _____ Graduate **Yes No** Year _____

Major _____

College _____ Location _____ Graduate **Yes No** Year _____

Major _____

Graduate School _____ Location _____ Graduate **Yes No** Year _____

Major _____

EMPLOYMENT HISTORY (Give your complete employment history. Begin with most recent employer.)

From - To	Employer Name	Position	Salary	Reason For Leaving
				Supervisor
From - To	Employer Name	Position	Salary	Reason For Leaving
				Supervisor
From - To	Employer Name	Position	Salary	Reason For Leaving
				Supervisor

REFERENCES:			
Please list three (3) Professional References			
TYPE	NAME	DAYTIME PHONE	YEARS KNOWN
SUPERVISOR			
SUPERVISOR			
PERSONAL			

Please describe your hobbies or interests.

Please read completely and sign below:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap or the presence of disabilities as required by ADA. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment.

I give Robeson Health Care Corporation the right to contact and obtain information from all references, previous and current employers, educational institutions and otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Robeson Health Care Corporation is a drug free workplace. All employment candidates are required to submit to a pre-employment drug screen, and pre-employment criminal background investigation. A felony conviction will not necessarily bar an applicant from employment. By signing this document, I give Robeson Health Care Corporation and its designated agents the right to obtain criminal background information from any and all sources and to conduct a pre-employment drug screen

If I am hired, I understand that I am free to resign at any time, with or without cause, and the employer reserves the same right to terminate my employment at anytime, with or without cause and prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I certify that the information given in this application is true and correct to the best of my knowledge. I further understand that falsification, omission, or misrepresentation herein will result in my removal from consideration for the position or dismissal subsequent to employment, have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ DATE _____