

Anderson Healthcare, Ltd. - Application for Employment

GENERAL INFORMATION

Name:	Social Security Number:
Home Address:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
Email Address:	Are you Legally allowed to Work? Yes / No
Emergency Contact:	Citizenship:
Emergency Phone:	(All persons, before hiring, must verify citizenship status or provide valid authorization to work in the U.S.)

JOB INTEREST

Position Applying For:	Date:
License or Registration Number (if applicable):	
Type of Employment Desired: Full Time / Part Time / PRN / Temporary / Summer	
Shift Preference: Day / Evening / Night / Any	Can you Work Anytime? Yes / No If not, Please Explain:
Are You Willing to Work Overtime? Yes / No	
Are You Willing to Work Weekends? Yes / No	Date Available to Begin Work:
How did you hear about us?	
Why do you want to join our team?	

EMPLOYMENT HISTORY INFORMATION

Have you ever worked for Anderson Healthcare, Ltd. or for Aklin, Inc.? Yes / No (If yes, Where, When & What was your reason for leaving?)
Do you have a relative working here? Yes / No (If yes, state identity and relationship)

Anderson Healthcare, Ltd. is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, gender, national origin, age, disability, or veteran status.

EDUCATIONAL DATA

Type of School	Name & Address of School	Years/Grade	Graduated	Type of Degree	Major / Minor
Elementary		1,2,3,4,5,6,7,8	Yes No	Diploma or Certificate	Field of Study
High School		9,10,11,12	Yes No		
College		1,2,3,4	Yes No		
Other		1,2,3,4			

EMPLOYMENT HISTORY

Please list the last four places you worked and complete all the information requested.

1. Name of Employer:	Phone Number:
Address:	Worked There (Month & Year) From: To:
Name of Supervisor:	Hourly Pay:
What was your Job Title?	
Describe What You Did There:	
2. Name of Employer:	Phone Number:
Address:	Worked There (Month & Year) From: To:
Name of Supervisor:	Hourly Pay:
What was your Job Title?	
Describe What You Did There:	
3. Name of Employer:	Phone Number:
Address:	Worked There (Month & Year) From: To:
Name of Supervisor:	Hourly Pay:
What was your Job Title?	
Describe What You Did There:	
4. Name of Employer:	Phone Number:
Address:	Worked There (Month & Year) From: To:
Name of Supervisor:	Hourly Pay:
What was your Job Title?	
Describe What You Did There:	

ADDITIONAL INFORMATION

Have you missed any work in the last two (2) years? Yes _____ No _____

If so, please state the period of absence and the reason for the absence:

Have you ever been refused a bond or had a bond cancelled? Yes _____ No _____

If yes, Specify:

Have you ever been convicted of a crime? Yes _____ No _____

If yes, Specify:

Have you resided in Ohio uninterrupted for the immediate five years? Yes _____ No _____

If No, List all places you have lived:

The position you are applying for may involve physical activity such as lifting or transferring. Can you perform the essential functions of your job with or without reasonable accommodation?

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check of records? Yes _____ No _____

If yes, please explain:

Have you ever been dismissed or forced to resign from any employment? Yes _____ No _____

If yes, please explain:

Except for vacations and holidays, how many days were you absent during:

The past calendar year? _____ 0-5 days _____ 5-10 days _____ 10-15 days _____ 15-20 days _____ 21+days

The prior year? _____ 0-5 days _____ 5-10 days _____ 10-15 days _____ 15-20 days _____ 21+days

Comments:

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize an investigation of my past employment activities, agree to cooperate in such investigation, and release from all liability all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or continuation in any future job in the event that I am hired.

I hereby agree to submit to any drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not a contract for continued employment.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand that you will verify my past employment and request work references. If you find out that I have lied or left out something important, I may be fired. I also understand that I will be required to pass a physical exam, a drug screen, and a police check at my own expense and I will be fingerprinted and have an FBI check. I agree, if hired, to do my job properly and to abide by the policies of the company. If I violate those policies, I may be fired and lose all rights to any benefits.

Signature of Applicant

Date