Early Medical Center

Early Memorial Nursing Home

APPLICATION FOR EMPLOYMENT

Please Print Clearly Application Date _____

Please answer all questions. A resume is not a substitute for a completed application.

Early Medical Center is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Name _____ Position Applied For _____

Telephone Number _____ Alternate/Cellular Telephone Number _____

Present Address _____

City _____ State _____ ZIP _____ Years/Months at Address _____

Email Address (optional) _____

If under age 18, can you produce the required work certificate? ☐ Yes ☐ No

Type of employment desired: ☐ Full-time ☐ Part-time Specific hours: _____

Are you willing to work overtime? ☐ Yes ☐ No Available start date: _____

Have you previously applied for employment with this Company? ☐ Yes ☐ No

If yes, when and where? _____

Have you ever been employed by this Company? ☐ Yes ☐ No

If yes, dates, location, and reason for separation: _____

Other names used for work or educational records: _____

EDUCATION

Education	School Name and Location	Course/Major	Graduate?	Years	Honors
High School					
College					
Graduate/Professional					
Trade/Correspondence					

ADDITIONAL TRAINING, LICENSES, CERTIFICATIONS, AND SKILLS

_____

_____

_____

_____

WORK EXPERIENCE

List present and previous employers in chronological order, beginning with the most recent. Provide at least the most recent ten years. Attach additional sheets if needed. You may include verifiable volunteer, internship, military, or self-employment experience.

EMPLOYER 1

Employer Name _____ Address _____

Type of Business _____ Telephone _____

Dates Employed - From _____ To _____ Job Title _____

Duties _____

Supervisor's Name _____ May we contact? ☐ Yes ☐ No

If no, why not? _____

Reason for Leaving _____

If terminated, reason _____

Disciplinary history/details _____

Notice given when resigning _____

EMPLOYER 2

Employer Name _____ Address _____

Type of Business _____ Telephone _____

Dates Employed - From _____ To _____ Job Title _____

Duties _____

Supervisor's Name _____ May we contact? ☐ Yes ☐ No

If no, why not? _____

Reason for Leaving _____

If terminated, reason _____

Disciplinary history/details _____

Notice given when resigning _____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No

Has your employment ever been terminated by mutual agreement? ☐ Yes ☐ No

Have you ever been given the choice to resign rather than be terminated? ☐ Yes ☐ No

If yes to any question above, explain:

WORK-RELATED REFERENCES

Name	Position	Company	Work Relationship	Telephone

PERSONAL REFERENCES (not previous employers or relatives)

Name	Occupation	Address	Telephone	Years Known

DRIVING INFORMATION (Optional - complete only if driving is an essential job function)

Do you have a current valid driver's license? ☐ Yes ☐ No License No. _____ State _____

Expiration Date _____

If you do not have a driver's license for your state of residence, explain:

_____

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain: _____

Do you have personal automobile insurance? ☐ Yes ☐ No

If no, explain: _____

Have you ever been denied automobile insurance, or has it been terminated or suspended?

☐ Yes ☐ No If yes, explain: _____

MOVING TRAFFIC VIOLATIONS IN THE LAST FIVE (5) YEARS

Offense	Date	Location	Comments

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

Early Medical Center and its affiliated entities are committed to maintaining a drug-free workplace. I understand and agree that, as a condition of employment, any offer of employment is contingent upon successfully completing and passing a pre-employment drug and/or alcohol screening and background check, as applicable to the position and permitted by federal, state, and local law. I further understand that, if employed, I may be subject to drug and/or alcohol testing in accordance with the Company's policies and applicable law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by law, may conduct investigations of property, including files, lockers, desks, vehicles, computers, and in certain circumstances, my personal property.

I certify that all information on this application, my resume, or supporting documents is complete and accurate to the best of my knowledge. Any falsification, misrepresentation, or omission may result in disqualification or, if employed, disciplinary action up to and including dismissal.

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I authorize the Company or its agents to confirm statements contained in this application and to conduct any permitted background investigation. I authorize contacted parties to furnish information and release them and the Company from liability to the extent permitted by law.

If hired, I will provide genuine documentation establishing my identity and eligibility to work legally in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date _____