

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or disability, or any other legally protected status.

DATE OF APPLICATION: _____

APPLICANT INFORMATION			
NAME	LAST	FIRST	MIDDLE
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE: ()		WORK PHONE: ()	
If you have lived at the address above for less than 12 months, list previous address below			
ADDRESS	CITY	STATE	ZIP CODE

DEPARTMENT	<input type="checkbox"/> R.N. <input type="checkbox"/> L.P.N. <input type="checkbox"/> C.N.A. <input type="checkbox"/> NURSING ADMIN. <input type="checkbox"/> OTHER _____	
SPECIFIC POSITON(S) DESIRED		

School Name and Address	High School		Trade / Associate Degree		College	
Dates Attended	From	To	From	To	From	To
Degree Earned						
Major						
Other Special Training						

The Employment of veterans will be conducted in accordance with state and federal laws and regulations		
Are you a member of a Reserve or National Guard unit? () YES () NO		
Were you in the U.S. Armed Forces? () YES () NO		
If YES, what Branch?		Type of Discharge?
Dates of Duty	From:	To:
List of duties in the military or special training that prepared you for the position you are seeking.		

QUESTIONNAIRE: Answer ALL questions listed below.

Are you at least 18 years old? () YES () NO

Are you a U.S. Citizen or legally authorized to work in the United States? () YES () NO

Do you have adequate transportation to get you to work on time each day and when called in on short notice? () YES () NO

Have you ever been convicted of or plead guilty to any crime or are you currently under investigation? () YES () NO

Are you currently charged with any criminal offense other than traffic violation(s)? () YES () NO

Have you been released from confinement following a conviction for any criminal offense within the last seven years? () YES () NO

Have you been asked to resign, been suspended or terminated from a job? () YES () NO

If YES to any of the four preceding questions, please give details: _____

If you did not graduate from High School, do you hold a G.E.D.? () N/A () YES () NO

Do you meet the requirements for the position for which you are applying? () YES () NO

Do you have the ability to perform the essential job functions of the position? () YES () NO

Are you physically able, with or without reasonable accommodation, to perform the duties of the position for which you are applying? () YES () NO

If NO to any of the four preceding questions, please explain: _____

Date you can begin work: _____ () 1st Shift () 2nd Shift () 3rd Shift () Other

Will you work overtime whenever scheduled or requested? () YES () NO

Are you willing to be "on call" for emergency situations? () YES () NO

Will you accept part-time work? () YES () NO

Will you accept temporary work? () YES () NO

Have you ever been employed in a Nursing Home or other Long Term Care Facility? () YES () NO

If YES, give position and dates employed: _____

EMPLOYMENT INFORMATION

Employer Name & Address	Date Employed		Salary	Job Title / Position	Supervisor	Reason for Leaving
	From	To				

LICENSE HELD

Type of License Held	Date Issued	Issued By	Renewal Date

REFERENCES

Include ONLY those individuals who have observed your work performance			
NAME	Position	ADDRESS	TELEPHONE

BARFIELD HEALTH CARE REFERENCES

Are you related to, or do you know anyone who works at Barfield Health Care? () YES () NO
If YES, list names of these individuals.

I hereby affirm that the information provided in this application is true and accurate. I understand that if I am employed, and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. By my signature below, I authorize former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigation report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of Barfield Health Care's current policies.

I understand that Barfield Health Care reserves the right to require its employees to submit to blood tests and/or urinalysis for drug screens, and to allow inspection of bags.

Applicant Signature

Date