

A BIG HEART AFH, LLC



Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Date of Birth _____ Social Security # _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
 Yes No

If yes, please describe conditions. _____

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

Qualifications

<input type="checkbox"/> CNA/CAN	License # _____	Years of Experience _____
<input type="checkbox"/> HCA	License # _____	Years of Experience _____
<input type="checkbox"/> RN	License # _____	Years of Experience _____

Do you have a Mental Health training certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it a certificate for managers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Dementia training certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it a certificate for managers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Diabetes Delegation certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Nurse Delegation certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid CPR card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a two-step TB test in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid food handlers permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your continuing education current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

References

Name _____

Relationship _____

Contact Information _____

Name _____

Relationship _____

Contact Information _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____