

# APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer/Affirmative Action Employer*

DATE OF APPLICATION: \_\_\_\_\_

**PERSONAL INFORMATION**

Name:			Social Security #:
Last	First	Middle	
Current Address:		City:	State:      ZIP:
Phone Number: (    )		Referred By:	
Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, hire is subject to verification that you are of legal minimum age to work.)			
<b>Date of Birth:</b> _____			
Have you ever used any other names before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide name:) _____			
Can you legally work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration Number: _____	
(Proof of Citizenship or immigration status will be required upon employment).			
Current valid Driver License: State _____ Number: _____ Exp Date: _____ Has your driver's license ever been suspended or revoked for any reason <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s) and the nature and severity of the accident(s). _____			
Do you have auto liability insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company: _____ Exp Date: _____	
Have you ever been convicted of a felony? If yes, give details including details of conviction and dates?  A criminal history check may be performed upon your name depending upon position applying for in compliance with State Law.			
Have you ever been found liable in any administrative proceeding for any form of patient, child, or other type of abuse?			
Has your professional license ever been sanctioned, suspended, or revoked?			

**EMPLOYMENT DESIRED**

Position?	Date Available?	Salary Desired?
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates:		
Do you have any relatives or friends currently employed by <b>ACE HEALTHCARE SERVICES</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list below.		

**EDUCATION HISTORY**

Education levels are relevant for employment only to the extent required by law.

Name and Location of School	Years Completed	Diploma/Degree	Describe Course of Study
High School			
College/University			
Graduate/Professional			
Trade/Business or Correspondence			

**EMPLOYMENT HISTORY**

**EXPERIENCE (Start with Most Recent Employer) - May we contact you current employer?**  Yes  No

**Current or Last Employer**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Weekly Wages: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Previous Employer**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Weekly Wages: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Previous Employer**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Weekly Wages: \_\_\_\_\_

Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**GENERAL**

Subject of special study/research work or special training/skills	
U.S. Military or Naval Service	Rank

**Personal References**

Name	Address	Business	Years Know

**OFFICE SKILLS: Please CIRCLE skills**

**Typing WPM:** \_\_\_\_\_ **Calculator:**  Yes  No **Computers:**  Yes  No **Journal Entries:**  Yes  No  
**Payroll:**  Yes  No **Accounts Payable/Receivable:**  Yes  No **Data Entry:**  Yes  No **Other:** \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**  
**APPLICANT CERTIFICATION, AGREEMENT AND RELEASE**

I (applicant- Print Name) \_\_\_\_\_, understand that any false answers or statements made by me on this applications or any supplement thereto or any false statements made to the representative(s) of the Company during the interview process will be insufficient grounds for not hiring me or immediately discharging me, no matter when discovered.

I understand and agree that if I am offered conditional employment, my appointment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by either party at any time without previous notice or cause and is subject to change in wages, conditions, benefits and operating policies. I understand that no supervisor or other representative of the Company has the authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with the Company, such agreement must be in writing.

I understand that the Company may make a thorough investigation of my character, reputation, status of license and past employment as a precondition of employment, and that, further, the Company may also make an investigation of my medical history or require a medical exam after a conditional offer of employment is made. I authorize the giving and receiving of any information requested by the Company (including medical, licensing, workers compensation, criminal, and driving) and hereby relieve and release all former employers and their agents, and licensing authorities and their agents, of any liability for any information they may give to the Company. I hereby waive any and all rights or claims I may have against the Company, its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Company's handling, processing, or investigation of my application with the Company.

I understand and voluntarily agree that if hired, I will complete all educational courses and take all tests necessary to keep all of my licenses current and valid, required by the Company or local, state and federal law or regulation. I further agree to advise the Company if at any time my licenses become invalid or expire. I understand that failure to take such tests when required or requested or to keep my licenses current and valid to advise the Company that my licenses have expired or become invalid may result in my immediate dismissal.

I agree to physical examination, if requested and/or if I receive a conditional offer of employment, including the analysis for the detection of the use of illegal drugs or substances, and I understand that failure to meet any job related medical and/or health requirement for the position could prevent my employment or continued employment by the company.

I hereby acknowledge that the first ninety(90) days of my appointment with the Company constitutes a probationary period and, further, I understand that completing the probationary period does not ensure my continued employment.

I understand and agree that in the performance of my duties as an employee, or after I leave, that I must hold in confidence any and all information that I come in contact with regarding my employer or its business.

I understand that this application will remain active for ninety days during which time it may, at the company's sole discretion of, be reviewed for open positions within the office at which I applied.

I have read and agree to the preceding "Applicant Certification, Agreement and Release" and further understand and agree that a copy of this "Applicant Certification, Agreement and Release" shall be as valid as the original.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***This employment application is accepted without regard to age, color, race, national origin, disability or religious preference.***

**DO NOT WRITE BELOW THIS LINE**

<b>REMARKS</b> _____ _____ _____ _____ _____				
<b>Neatness</b>		<b>Character</b>		
<b>Personality</b>		<b>Ability</b>		
<b>Hired</b>	<b>Dept.</b>	<b>Position</b>	<b>Salary/ Wages</b>	<b>Will Report</b>

**APPROVED BY:** \_\_\_\_\_