



CHERRYVALE NURSING & REHABILITATION CENTER
Cherryvale, Kansas

EMPLOYMENT APPLICATION

PERSONAL INFORMATION		DATE:
NAME (Last, First, MI)		Social Security Number:
ADDRESS (Street, City, State, Zip)		1st PHONE:
US Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:		2nd Phone:

EMPLOYMENT DESIRED	POSITION DESIRED:	DATE AVAILABLE:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Pool	Referred By:	
Specific Hours/Days		
Previous Employment at Cherryvale: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date & position:	Previous Application to Cherryvale: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:	

EDUCATION		
High School (Name & Location)	Years Attended:	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges (Name & Location)	Years Attended:	Subjects Studied: Degrees:
Trade, Business, Professional School/Training (Name & Location)	Years Attended:	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Describe)

Current Professional Registrations/Licenses/Certifications (Include location & date of original issuance).

Have you ever been convicted of a crime for which you served a jail or prison sentence or were placed on probation? No Yes
 Are you currently awaiting trial for any criminal offense? No Yes
 Have you ever initiated an act of violence in the workplace? No Yes

A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer.

KS Health Occupations Credentialing Agency Criminal Record Check Submitted



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FORMER EMPLOYMENT (List last four employers with most recent employment first)					
DATE	NAME & ADDRESS	PHONE #	POSITION	SALARY	REASON FOR LEAVING
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES (List three persons, unrelated to you, whom you have known for at least one year)			PHONE #	RELATIONSHIP	YEARS KNOWN
NAME/ADDRESS					
1)					
2)					
3)					

AUTHORIZATION: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the provided information, unless in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal laws."

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____

APPEARANCE		PERSONALITY		ABILITY
COMMENTS: HIRED [] Yes [] No				
POSITION	SALARY	START DATE	HIRING SUPERVISOR	