

APPLICATION FOR EMPLOYMENT
Heritage Health Care & Rehab
1101 Snows Mill Ave. Tuscaloosa, AL 35406

P E R S O N A L	Last Name	First	Middle	Date	
	Street Address	City	State	Zip	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No When _____			Have you ever been employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No When _____	
	Position Desired			List all shifts you can you work? 7-3, 3-11, or 11-7	
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other special training or skills; experiences with G-tubes, trach care, J-tubes, colostomy care, male caths, team leadership, etc.			Date Available To Start	
	Email Address		RN or LPN License Number		Are you an active CNA? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you able to meet the attendance requirements of this position? Yes No

<h2 style="margin: 0;">EMPLOYMENT HISTORY</h2> <p style="margin: 0;"><i>List all employment. If you need more room use the back page to continue.</i></p>	<p>Give accurate, complete full-time and part-time employment records. Start with present or most recent employer. If more room is needed use the back page.</p>
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1	Company Name	Telephone ()
	Address	Employed From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed From To
	Name of Supervisor	Hourly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
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	State Job Title and Describe Your Work	Reason for Leaving

* You must list all employment. Continue on the back page if more room is needed.

Are you currently attending school? If yes, where and for what? _____

What hours/days? _____

EDUCATION: Please circle the highest grade you completed.

Elementary School: 1 2 3 4 5 6 7 8 9 10 12 (High School Graduate) 13 14 (Technical/Vocational School)

15 (College Freshman) 16 (College Sophomore) 17 (College Junior) 18 (Bachelor Degree) 19 (Master Degree) 20 (PH. Degree)

R E F E R E N C E S	List Three References That Are NOT Related To You And Are Not Previous Employers.		
	NAME	TELEPHONE	YEARS KNOWN

This information requested is needed for a legally permissible reason, including, without limitation, national security consideration, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, genetic information or nation origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibits some of all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height _____ Weight _____
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Referral Sources: Advertisement, Employee (Name) Walk-in, Relative, Employment Agency, or Other?

Have you ever been licensed under, practiced professionally under, a different state or used a different name? If so, explain.

Have you been convicted of a crime, excluding misdemeanors which have not been annulled, expunged or sealed by a court?

Yes or No If yes describe in full _____

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my automatic dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to employ me in the future. I authorize Heritage Health Care & Rehab to conduct an investigation into, but not limited to, my personal references, employee references, credit references and criminal background checks.
	_____ Date _____ Signature

R E L E A S E	Authorization for Release of Information
	I hereby authorize the release of information concerning my employment. I am being considered for employment by Heritage Health Care & Rehab and would appreciate your cooperation in this matter. I do hereby release from damage that may be incurred from the inquiring institution and the institution or individual supplying the information.
_____ Date _____ Signature	

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CIVIL/CRIMINAL HISTORY, CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employee selection process, **Heritage Health Care & Rehab** routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports and/or credit information on applicants for employment and employees applying for promotions. The information contained in these reports may be used to deny an individual employment with **Heritage Health Care & Rehab** or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize **Heritage Health Care & Rehab**. By and through an independent contractor, Bullet investigations ("the Agency") to procure a consumer report and/or investigative consumer report on me.

These above mentioned report may include but are not limited to, employment and education and verifications of same; personal references; personal interviews; personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; and/or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15.U.S.C 1681 et seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to discuss the same to **Heritage Health Care & Rehab**, by and through the Agency, including but not limited to any courthouse, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release **Heritage Health Care & Rehab**, the Agency and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf for procuring, selling, providing brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report and/or investigative consumer report and/or civil criminal history hereby authorized.

Printed Name: _____
 First Middle Last

Maiden Names/Alias: _____
 First Middle Last

Current Address: _____
 Street Address City State Zip How Long

Former Address: _____
 Street Address City State Zip How Long

Former Address: _____
 Street Address City State Zip How Long

Social Security Number: _____ Daytime Telephone: _____

Driver's License or ID# _____ State _____

Date of Birth _____ Gender _____

*Without this information we will be unable to properly identify you in the event we find adverse information during the course of out background search.

I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion of employment.

Signed Name: _____ Date: _____

Office Use Only: RN LPN CNA Sitter Other BGC # _____

CONTINUE EMPLOYMENT HISTORY HERE

Give accurate, complete full-time and part-time employment records. Start with present or most recent employer. If more room is needed use the back page.

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