



# EMPLOYMENT APPLICATION

**APPLICATIONS ARE KEPT  
ON FILE FOR SIX MONTHS**

PLEASE PRINT CLEARLY

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

IF NO POSITION IS LISTED, THE APPLICATION MAY NOT BE CONSIDERED FOR EMPLOYMENT

## PERSONAL

Last Name		First Name			M.I.	
Home Address		Apt. #	City	State	Zip Code	
(Area Code) Telephone Number	U.S. Citizen	Yes	No	Social Security #	Is Your Age:	
	If No, Visa Type & Number				Under 18	Yes No
List Any Reason Known To You Why You Might Not Be Able To Perform Consistently and Promptly Any Of The Duties Of Position Applied For: (Please review job description before answering this question)						
Date Available	Starting Salary Needed		Will You Accept Another Position?		Yes	No If Yes, Please Specify
Will You Accept Shift Work	Yes	No	Will You Accept Weekend Work	Yes	No	Will You Work Full-Time Part Time Temporary
Were You Previously Employed At Westhills Village/Clarkson Health Care? Yes No						
If Yes, Where		When		In What Capacity		
Have You Ever Been Convicted Of A Crime: Yes No			Do You Have A Friend Or Relative Working Here?:		Yes	No
If Yes, Give Date(s), Offense(s) and Disposition:			Name		Dept	Relationship
Have You Ever Been Excluded From Participation In Any Federal Or State Medicare, Medicaid Or Any Other Third Party Payor Program Or Have Such Pending Action? Yes No If Yes, A Letter Showing Reinstatement Is Required For Further Consideration For Employment						

## EMPLOYMENT HISTORY

List Most Recent Position First		List Other Names Used While Employed With These Employers				
From Mo Yr	Name of Employer	Name/Title Last Supervisor			Telephone No.	
To Mo Yr	Address: Street City State Zip Code	Position Held		Ending Salary ____per____		
Briefly Describe The Work You Performed:						
Reason For Leaving:				May We Contact This Employer? Yes No		

From Mo Yr	Name of Employer	Name/Title Last Supervisor			Telephone No.	
To Mo Yr	Address: Street City State Zip Code	Position Held		Ending Salary ____per____		
Briefly Describe The Work You Performed:						
Reason For Leaving:				May We Contact This Employer? Yes No		

From Mo Yr	Name of Employer	Name/Title Last Supervisor			Telephone No.	
To Mo Yr	Address: Street City State Zip Code	Position Held		Ending Salary ____per____		
Briefly Describe The Work You Performed:						
Reason For Leaving:				May We Contact This Employer? Yes No		

**EDUCATION**

School	Name of School	Location	Years Completed	Dates		Course of Study	Did You Graduate	Diploma Degree
				From	To			
Elementary								
High School							Yes No	
Trade							Yes No	
College							Yes No	
Graduate							Yes No	
Professional							Yes No	
Business							Yes No	
							Yes No	

List Health Care, Business, Or Industrial Equipment That You Operate Proficiently:

<b>PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS - DO NOT INCLUDE DRIVER'S LICENSE</b>					
Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible
Type	State Issued	Date Issued	Expires	Number	Eligible

**APPLICANT'S CERTIFICATION**

I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that this is an application for employment and that no employment contract is being offered.

I further understand that as a condition for employment I may be required to submit to a drug test according to Westhills Village standards and if my drug test results are unsatisfactory, I will not be employed by Westhills Village.

I hereby authorize Westhills Village to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I agree, if employed, to abide by all Westhills Village rules and regulations. **I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.**

I understand that I am required to immediately notify Westhills Village if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.

I have read and understand the above.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**IMPORTANT NOTICE TO ALL APPLICANTS**

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and nonimmigrants. **You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.**

**Westhills Village**

An Equal Opportunity Employer