

**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Last First Middle Init

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street City State Zip

Are you under 18? \_\_\_Yes \_\_\_No If yes, state your age\_\_\_\_\_ Do you have Working Papers? \_\_\_Yes \_\_\_No

Were you ever convicted of a crime? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_  
 \_\_\_\_\_

**A CRIMINAL RECORDS INVESTIGATION WILL BE CONDUCTED ON ALL APPLICANTS WHO ARE HIRED.**

Do you have the legal right to work in the United States? \_\_\_\_\_

**PREVIOUS EMPLOYMENT RECORD (Starting with present or most recent job, list all prior employment).**

Name of Employer	Date Started	Position/Type of Work	Salary/Rate	Reason for Leaving
Address of Employer	Date Left	Supervisor		
Name of Employer	Date Started	Position/Type of Work	Salary/Rate	Reason for Leaving
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Address of Employer	Date Left	Supervisor		

List all additional employers on a separate sheet.

List any other names you have used which may be necessary to verify your above employment history.

\_\_\_\_\_

Type of work desired \_\_\_\_\_ Salary desired \_\_\_\_\_

What source/person, if any, referred you to us? \_\_\_\_\_

If now employed, why do you want to change? \_\_\_\_\_

If employed, I would be willing to work \_\_\_Days \_\_\_Evenings \_\_\_Nights

Date available to begin employment \_\_\_\_\_

Have you ever worked at this location before? \_\_\_\_\_ When \_\_\_\_\_

List names of any relatives who work for us \_\_\_\_\_

**Education (circle grade completed)**

**High School 1 2 3 4**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Location

**College 1 2 3 4 5 6 7**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Location

**List current professional registrations, licenses or certifications**

Type	Registration/Certification No.	State Issued	Expiration Date

**Have you ever had a non-criminal finding of abuse, neglect or misappropriation of resident funds sustained against you?**     Yes     No

**Is there currently a non-criminal ongoing investigation of abuse, neglect or misappropriation of resident property that involves you?**     Yes     No

**Has your license/certification ever been suspended/revoked/restricted or has a disciplinary investigation ever been conducted concerning your professional activities?**     Yes     No

**REFERENCES (Other than relatives)**

Name	Address (street, city, state)	Business	Years Known
Phone #			
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Phone #			
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Phone #			

**If hired, I understand that a physical examination satisfactory to this company must be passed. I authorize investigation of any statement on this application and understand that any falsification or omission is cause for voiding this application or termination of employment if hired. I further authorize any former employer or school official to provide the information concerning my work or school records. I hereby release such former employers and school officials from any and all claims related to the providing of such information. If hired, I understand that our employment relationship is terminable at will.**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

We are an equal opportunity employer and fully subscribe to the principles of Equal Employment Opportunity.

We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, marital status, national origin, arrest record, mental or physical disability or sexual orientation.

**Applicant – Do Not Write Below This Line  
For Office Use Only**

Starting Date	Department	Position	Badge No.	Rate
Physical Exam Date	Gen Orientation Date	ID Number	Bridgewater	Compassionate Care