

Caring Palms Healthcare Center Inc. Application for Employment

PRE- EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date:

Name (Last Name, First)			Social Security No.
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone ()	Referred by:		

Employment Desired

Position:	Date You Can Start	Salary Desired
Are you Employed? YES, NO	If so, May We Inquire of Your Present Employer? YES NO	
Ever Applied to The Company Before? YES NO	Where? When?	
Have you Ever Been Convicted of a Crime? YES NO		
Are You at Least 18 Years of Age? YES NO		

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

General Information

Subject of Special Study/ Research Work or Special Training/ Skills	
U.S Military or Naval Service YES NO	Rank:

FORMER EMPLOYER (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH YEAR	NAME & TELEPHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES: GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE	OCCUPATION	YEARS KNOWN

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 employed listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and releases the company from all liability from 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 any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative,

This waiver does not permit the releases or use of disability-related or mental information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

DATE: _____

SIGNATURE: _____

INTERVIEWED BY: _____

DATE: _____

DO NOT WRITE BELOW THIS POINT

REMARKS

NEATNESS:	CHARACTER:		
PERSONALITY:	ABILITY:		
HIRED:	DEPT:	WILL REPORT:	SALARY WAGES: