



Application for Employment Form

Please Print Clearly

Application Date: _____ **Position Applying For:** _____

Is this application in response to an advertisement made by this hospital? Yes No

Your Name: _____
First Middle Last

Address: _____
Street or PO Box # City

State Zip Code

Telephone: (home) _____ (cell) _____ cell is home phone

Email: _____ Preferred method of contact: Home Cell Email

Please answer the following questions. *If you are evaluated as eligible for employment, you will be required to present supporting documents at that time. We will, with your permission, contact your employment references and complete a background check before any position will be formally offered to you.*

Are you over the age of 18? Yes No

Do you have the legal right to work in the U.S.A.? Yes No

Have you previously filed an application with Carrus Health? Yes No If yes, give date _____

Have you previously been employed with Carrus Health? Yes No If yes, give date _____

Type of employment desired: Full-time (32-40hours/week) Part-time PRN (as needed)

Are you available to work 12h shifts 8 hour shifts Day shift Evening Shift Night Shift

Are there any hours, shifts, or days you will not work? Yes No List: _____

Will you work overtime if asked? Yes No Will you work weekends if required? Yes No

Do you have a reliable means of transportation to and from work? Yes No

What date are you available to begin working? _____

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/class misdemeanor, had adjudication withheld on a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor? Yes No

Do you have any pending criminal charges filed against you? Yes No

If yes, please attach a letter providing details of the charges. Note that the above information will be considered in relevance to the position and related responsibilities of the specific job under consideration.

EDUCATIONAL BACKGROUND

Type of School	Name and Address <i>Include Street Number And Name, City, State, Zip Code And Telephone Number.</i>	Years Attended	Major Course of Study	Degree Obtained	Honors Received
High School					
College					
Graduate School					
Post-Graduate Education					

QUALIFICATIONS Summarize any training, skills, licenses, and/or certificates that may qualify you to perform job-related functions in the position for which you are applying.

PROFESSIONAL LICENSE **NUMBER** **STATE** **EXPIRATION DATE**

Is your license to practice presently encumbered by the issuing board, or has it ever been encumbered in the past?

Yes No If yes, attach a letter providing details of the incident(s).

CERTIFICATIONS (example: CCS-Medical Coder, CNA- Nursing Asst, BLS-Basic Life Support Training)

TYPE	CREDENTIAL	ISSUED BY	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____

SKILLS: _____

If you are applying for a position that requires a driver's license:

Do you have a valid driver's license? Yes No

If yes, Driver's License #: _____ (Class: A B C D E) State _____ Expiration Date: _____

With or without reasonable accommodation, are you able to perform the essential job functions of the job for which you have applied? Please review Job Description prior to replying. Available through HR Department

Yes No If No, please explain: _____

EMPLOYMENT EXPERIENCE

LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (begin with your current or most recent job). Account for all time periods including unemployment, self-employment and military service.

Employer		Dates Employed		Immediate Supervisor
		From	To	
Address				Telephone Number:
Job Title		Reason for Leaving:		
Hourly Rate/Salary		Work Performed:		
Starting	Final			

Employer		Dates Employed		Immediate Supervisor
		From	To	
Address				Telephone Number:
Job Title		Reason for Leaving:		
Hourly Rate/Salary		Work Performed:		
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Employer		Dates Employed		Immediate Supervisor
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Employer		Dates Employed		Immediate Supervisor
		From	To	
Address				Telephone Number:
Job Title		Reason for Leaving:		
Hourly Rate/Salary		Work Performed:		
Starting	Final			

APPLICANT'S CONSENT FOR BACKGROUND INVESTIGATION

By submitting this application or other documents, I agree to conform to the rules and regulations of Carrus Health, including an Introductory Period of my first ninety days of employment. I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Carrus Health, or their designated representatives, to contact sources I have listed to verify the data I have supplied. I release and indemnify the Carrus Health from any claims or liability resulting from such inquiry. In addition, I release the individuals and organizations identified by me from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Carrus Health. In addition, if I am employed by the Carrus Health, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation and randomly as detailed in the separate Carrus Health Drug Free Workplace Policy that will be provided during the interview process.

I understand that employment with the Carrus Health is for no guaranteed period of time and may be terminated by myself or Carrus Health with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including Carrus Health Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Carrus Health and myself.

Carrus Health STATEMENT

Carrus Rehabilitation Hospital complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If Carrus extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

Carrus Rehabilitation Hospital is an equal employment opportunity employer. It is the policy of Carrus Health to make employment decisions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with Carrus Health should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Carrus Health, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Carrus Health. PLEASE REVIEW THE ABOVE INFORMATION CAREFULLY. DO NOT SIGN BELOW UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS. CONTACT THE STAFF SERVICES DEPARTMENT OR THE HIRING MANAGER IF YOU HAVE FURTHER QUESTIONS.

Thank you for considering Carrus Health.

Signature of Applicant

Date



VOLUNTARY SELF-IDENTIFICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY OR HANDICAP, SEXUAL ORIENTATION OR ANY OTHER STATUS LEGALLY PROTECTED BY FEDERAL, STATE OR LOCAL LAWS.

CARRUS IS SUBJECT TO CERTAIN GOVERNMENTAL RECORDKEEPING AND REPORTING REQUIREMENTS FOR THE ADMINISTRATION OF CIVIL RIGHTS LAWS AND REGULATIONS. IN ORDER TO COMPLY WITH THESE LAWS, THE EMPLOYER INVITES EMPLOYEES TO VOLUNTARILY SELF-IDENTIFY THEIR RACE OR ETHNICITY. SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. THE INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL AND MAY ONLY BE USED IN ACCORDANCE WITH THE PROVISIONS OF APPLICABLE LAWS, EXECUTIVE ORDERS, AND REGULATIONS, INCLUDING THOSE THAT REQUIRE THE INFORMATION TO BE SUMMARIZED AND REPORTED TO THE FEDERAL GOVERNMENT FOR CIVIL RIGHTS ENFORCEMENT. WHEN REPORTED, DATA WILL NOT IDENTIFY ANY SPECIFIC INDIVIDUAL.

PLEASE COMPLETE IN FULL:

SSN: _____ - _____ - _____

GENDER: MALE FEMALE

ETHNICITY:

- AMERICAN INDIAN OR ALASKAN NATIVE** (NOT OF HISPANIC OR LATINO ORIGIN): ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** (NOT OF HISPANIC OR LATINO ORIGIN): ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS
- ASIAN** (NOT OF HISPANIC OR LATINO ORIGIN): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.
- BLACK OR AFRICAN AMERICAN:** ALL PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
- HISPANIC OR LATINO:** ALL PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OF ORIGIN, REGARDLESS OF RACE.
- WHITE OR CAUCASIAN** (NOT OF HISPANIC OR LATINO ORIGIN): ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.
- TWO OR MORE RACES** (NOT OF HISPANIC OR LATINO ORIGIN):
- OTHER:** INCLUDES ALL PERSONS NOT COVERED BY A SPECIFIC CATEGORY. IF THIS CATEGORY IS CHECKED, INDICATE SPECIFIC ETHNICITY OR NATURAL ORIGIN:

VETERAN STATUS:

- VIETNAM ERA VETERAN
- DISABLED VETERAN
- N/A

DATE: _____

To be completed by HR only: