

APPLICATION FOR EMPLOYMENT

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ANBERRY REHABILITATION HOSPITAL

Anberry Rehabilitation Hospital is an equal opportunity employer.

PERSONAL

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Have you ever applied for employment with us? YES NO If "YES", month and year: \_\_\_\_\_ Over 18 years of age? Y N

Are you legally eligible for employment in the United States? Y N Are you a United State Citizen? Y N

Are you able to work fulltime? Y N Will you work overtime if asked? Y N Date able to begin work: \_\_\_\_\_

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? YES NO If "YES", please supply details: \_\_\_\_\_

Names of relatives working for us: \_\_\_\_\_ Ever been bonded? YES NO If "YES", with whom: \_\_\_\_\_

Other special training or skills: \_\_\_\_\_

EDUCATION

	Name/Location of School	Major	# of Years	From/To (Mo/ Yr.)	Did You Graduate?	Degree Received
Graduate School						
College						
Business/Trade						
High School						

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATION

(Exclude those, which may disclose your race, color, religion or national origin.)


MILITARY

Did you serve in the U.S Armed Forces? YES NO If "YES", in what Branch? \_\_\_\_\_

Describe any training received relevant to the position you are applying for:

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EMPLOYMENT HISTORY

1) Company Name:	Telephone:	Employed From:	To:
Address:	Supervisor:	Earnings at Start:	End:
Title & Description of Work:		Reason for Leaving:	
2) Company Name:	Telephone:	Employed From:	To:
Address:	Supervisor:	Earnings at Start:	End:
Title & Description of Work:		Reason for Leaving:	
3) Company Name:	Telephone:	Employed From:	To:
Address:	Supervisor:	Earnings at Start:	End:
Title & Description of Work:		Reason for Leaving:	
We may contact the employer listed above unless you indicate those you do not want us to contact.			
Do not contact Employer Number(s): _____			
Reason: _____			

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement can be cause for disciplinary action.

It is the desire of Anberry Rehabilitation Hospital to have the most qualified person in every job. Anberry Rehabilitation Hospital's policy is to fill every position without regard to race, sex, sexual preferences, marital or family status, age, national origin, disability, medical condition, or any other consideration made unlawful by federal, state or local laws. Anberry Rehabilitation Hospital is an equal opportunity employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am available for the following shifts (check all that apply):

AM Shift-6:30am-2:45pm €

PM Shift-2:30pm-1045pm €

NOC Shift-10:30pm-6:45am €

Business Hours-8:00am-5:00pm €

Full Time €

Part Time €

X

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Signature