

# Healthwin Specialized Care Facility EMPLOYMENT APPLICATION

*This company does not discriminate in hiring or employment on any basis protected by law.  
Please tell us if you require any special arrangements during the interview process.*

*This application should not be construed as a contract of employment between the employer and the applicant or as a promise of employment. All employment is at will.*

**PLEASE PRINT**

FOR OFFICE USE ONLY			
Department			
Job Title			
Ft			
Salary	Hr.	Mo.	Yr.
Starting Date			

GENERAL INFORMATION				
Last Name	First Name	Middle Name	Social Security #	Date of Application
Current Address		City	State	Zip Code
Home Telephone	Business Telephone	To assist us in checking your work, school, or other records, have you ever been known by any other name?		
Position Applied For	Are you seeking...? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PTOC	Shift Desired...? <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Day <input type="checkbox"/> Any		
Are you able to rotate shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary / Wage Expected \$	Date Available		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred to us?		
Are you over 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally able to work in the United States under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever filed an application with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
If yes, please give details:		Have you ever been employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Do you have any friends or relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		→ If yes, give names:		
Have you ever been found guilty by a court of law abusing, neglecting, mistreating, or misappropriating the property of an individual in a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Registry, certification, or professional license number		
If yes, please give details:		State _____.		
		State _____.		
		State _____.		

EDUCATION				
School Name	City/State	Major Course	Circle Last Year Completed	Type of Degree
High School			1 2 3 4	
College/University			1 2 3 4	
Post Graduate			1 2 3 4	
Technical/Business			1 2 3 4	

HEALTHCARE EXPERIENCE (if applicable to position)				
Licensed Nurses	<input type="checkbox"/> Hospital	<input type="checkbox"/> Longterm Care Facility	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other _____
Nursing Assistants	<input type="checkbox"/> Hospital	<input type="checkbox"/> Longterm Care Facility	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other _____
Other _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Longterm Care Facility	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other _____

NURSE AIDE APPLICANTS ONLY	
Are you certified as a Nurse Aide by the State of Indiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have verification from the State Board of Health that you are on the Nurse Aide Registry? Please Attach	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what facility did you take the 105 Hour Nurse Class?	

LICENSED PERSONNEL ONLY
State position for which you are licensed (Attach a copy to the application):

# EMPLOYMENT HISTORY

Starting with current or most recent employer, list all previous employers in *the last ten years*. Include self employment, summer and part-time jobs, military service. Use a separate sheet, if necessary.

FROM		TO		Employer	Telephone Number
MO	YR	MO	YR	Job Title	Supervisor name
SALARY OR WAGE				Address	
Describe your duties:					
Reason for Leaving:					

FROM		TO		Employer	Telephone Number
MO	YR	MO	YR	Job Title	Supervisor name
SALARY OR WAGE				Address	
		City		State	Zip Code
Describe your duties					
Reason for Leaving					

FROM		TO		Employer	Telephone Number
MO	YR	MO	YR	Job Title	Supervisor name
SALARY OR WAGE				Address	
		City		State	Zip Code
Describe your duties					
Reason for Leaving					

## REFERENCES (PERSONAL)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE
1.		
2.		
3.		

### PLEASE READ BEFORE SIGNING

I certify that the answers given in this application and in the employment interview/s are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards for employment required by law, licensure, regulations, or policies of this company, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given in my application or interview/s may result in discharge. I understand also that the Immigration Reform control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United states and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. Inconsideration of my employment, I agree to conform to the rules and regulations of my employer or myself. I understand that no company representative other than the administrator has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the employer reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information.

If employed, I agree to inform the company if I obtain any other employment while working for the company.

I hereby acknowledge that I have read and understand the above statements.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_