

# EMPLOYMENT APPLICATION

Thank you for your interest in employment opportunities with The Bridge Care Suites. Please complete all areas of the application. You may include a resume if you wish; however the full application must still be completed for compliance purposes.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, veteran status, disability or any other basis prohibited by the law. We are an Equal Opportunity Employer.

If you do not meet the needs of our open positions at this time, your application will be retained in our files and reviewed for future openings for a period of 60 days. It is not necessary to re-apply during the 60-day period.

## PERSONAL BACKGROUND - Please print clearly

Today's Date:

Name     
(Last) (First) (MI)

Maiden (or other name formerly used)  Date last used  /   
(MO) (YR)

Current Address    
(Street Address) (Floor or Apt No.)  
    
(City) (State) (Zip Code)

Social Security Number  Home Phone

## EMPLOYMENT DESIRED

Position applied for  Date available  Salary Desired

Are you presently employed?  Yes  No Are you over the age of 18?  Yes  No

Are you legally authorized to work in the United States without restriction?  Yes  No  
(Proof of identity and employment eligibility will be required upon hire.)

If employment is offered, do you intend to have any type of secondary employment or self-employment?  Yes  No

Have you ever applied to this company or any of its affiliates?  Yes  No  
If yes, when?  Which affiliate(s)?

Have you ever been employed by this company or any of its affiliates?  Yes  No  
If yes, when?  Which affiliate(s)?

Do you have any relatives employed by this company?  Yes  No  
If yes, who and what location?

## AVAILABILITY RECORD

Please indicate your availability:

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If required, would you be willing to work (please check one box in each category)

Overtime  Yes  No Holidays  Yes  No Saturdays/Sundays  Yes  No Rotating Shifts  Yes  No

Can you and are you willing to travel if your job requires it?  Yes  No

## EDUCATION AND TRAINING

Indicate the highest level of education completed:

High School  9  10  11  12

College/University  1  2  3  4

Technical/Trade School  1  2 Other

Graduate School  1  2  3

Name of School/College	Location (City/State)	Course Study	Yrs Completed	Graduated (Y/N)	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Computer Skills (list software)

Other machines, trades, special skills or qualifications

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your license/certification ever been revoked?  Yes  No

Do you have a license that is not currently valid?  Yes  No

If yes, please explain:

## PREVIOUS RESIDENCES

List the city, country and state of all your previous residences in the last seven years (use additional sheet if necessary)

City	County	State	From (MM/YY)	To (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CRIMINAL RECORD

Have you ever been convicted of or plead guilty to a misdemeanor or felony?  Yes  No

If yes, please indicate (use additional sheets if necessary):

Date  Location (City/State)  Charge  Action Taken

(Note: You are not required to provide information on any expunged or sealed record.)

Have you ever been convicted of an offense which would preclude employment in a nursing facility?  Yes  No

If yes, please indicate:

Date  Location (City/State)  Charge  Action Taken

(Note: You are not required to provide information on any expunged or sealed record.)

Please be aware that convictions of certain crimes may, under federal or State law, prohibit your employment in certain positions within the Company.

## ILLEGAL USE OF DRUGS

Do you currently engage in the illegal use of drugs (marijuana, cocaine, heroin, LSD, etc.)?  Yes  No

Are you willing to be tested for the illegal use of drugs?  Yes  No

## EMPLOYMENT HISTORY

Listing the most recent position first, provide the following information regarding your previous employment. Please complete all of the employment history even though some or all of the information may be on your resume. Attach your resume to this application.

Are you currently bound by any employment agreement or non-compete agreements?  Yes  No

If yes, please list:

1. Company	<input type="text"/>	Phone	<input type="text"/>
Type of Business	<input type="text"/>	City	<input type="text"/> State <input type="text"/>
Employed: From (MM/YY)	<input type="text"/>	To (MM/YY)	<input type="text"/>
Your Exact Title/Position	<input type="text"/>		
Base Salary: Start	<input type="text"/>	End	<input type="text"/>
Other Compensation	<input type="text"/>		
Supervisor's Position	<input type="text"/>		
Immediate Supervisor	<input type="text"/>		
Reason for Leaving	<input type="text"/>		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties, responsibilities and accomplishments			
2. Company	<input type="text"/>	Phone	<input type="text"/>
Type of Business	<input type="text"/>	City	<input type="text"/> State <input type="text"/>
Employed: From (MM/YY)	<input type="text"/>	To (MM/YY)	<input type="text"/>
Your Exact Title/Position	<input type="text"/>		
Base Salary: Start	<input type="text"/>	End	<input type="text"/>
Other Compensation	<input type="text"/>		
Supervisor's Position	<input type="text"/>		
Immediate Supervisor	<input type="text"/>		
Reason for Leaving	<input type="text"/>		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties, responsibilities and accomplishments			
3. Company	<input type="text"/>	Phone	<input type="text"/>
Type of Business	<input type="text"/>	City	<input type="text"/> State <input type="text"/>
Employed: From (MM/YY)	<input type="text"/>	To (MM/YY)	<input type="text"/>
Your Exact Title/Position	<input type="text"/>		
Base Salary: Start	<input type="text"/>	End	<input type="text"/>
Other Compensation	<input type="text"/>		
Supervisor's Position	<input type="text"/>		
Immediate Supervisor	<input type="text"/>		
Reason for Leaving	<input type="text"/>		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties, responsibilities and accomplishments			
4. Company	<input type="text"/>	Phone	<input type="text"/>
Type of Business	<input type="text"/>	City	<input type="text"/> State <input type="text"/>
Employed: From (MM/YY)	<input type="text"/>	To (MM/YY)	<input type="text"/>
Your Exact Title/Position	<input type="text"/>		
Base Salary: Start	<input type="text"/>	End	<input type="text"/>
Other Compensation	<input type="text"/>		
Supervisor's Position	<input type="text"/>		
Immediate Supervisor	<input type="text"/>		
Reason for Leaving	<input type="text"/>		
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of duties, responsibilities and accomplishments			

## REFERENCES

Please list three individuals whom you have known for at least three years, other than relatives; at least two references should be business related.

Name

Title

Company

Business Address

Business Phone

Relationship

Name

Title

Company

Business Address

Business Phone

Relationship

Name

Title

Company

Business Address

Business Phone

Relationship

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

If yes, please explain

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### Please read carefully before signing.

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that this application does not create a contract of employment. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time and for any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matter. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

Date

Signature (Typed to Submit)

(In Person Signature) Signed By \_\_\_\_\_

### FOR EMPLOYER USE ONLY - Complete only after a contingent offer has been made.

Position \_\_\_\_\_ Client/Location \_\_\_\_\_

Rate \_\_\_\_\_ Equal Opportunity Code \_\_\_\_\_ Start Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Comments \_\_\_\_\_

Hiring Manager \_\_\_\_\_ Date \_\_\_\_\_

There are 2 ways that you may submit this application.

1. You can click the submit form below. This will automatically open up your default email program and attach the application to and email. *(Recommended for Microsoft Outlook or Outlook Express Users)*
2. You can save this file to your computer, and then add it to your email as an attachment. *(Recommended for GMail, Hotmail, Yahoo Etc. Users)*

To submit this form now using recommendation #1, please click the Submit by E-Mail Button

To submit this form now using recommendation #2, please Save this document to your computer. This document will NOT Auto-Save when you close the document. You MUST save the document prior to closing to maintain your information.