

# Application for Employment



**Equal Employment Opportunity Statement:**

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

**Please print.**

<b>Applicant Name:</b> First	Middle	Last

Address	City	State	Zip

Telephone Number	Social Security Number
	- -

Position(s) Applied For	Date of Application

Salary Expected

How did you learn about Senatobia Healthcare & Rehabilitation?

- |  |   |
|--|---|
| <input type="checkbox"/> Advertisement—Specify:            | <input type="checkbox"/> Employment Agency—Specify: |
| <input type="checkbox"/> Employee Referral—Which employee? | <input type="checkbox"/> Other—Specify:             |

Have you applied for a position with us before?  No  Yes—Specify date:

Have you ever been employed with us before?  No  Yes—Specify date and position:

Are you currently employed?  No  Yes

Are you currently on "lay-off" status and subject to recall?  No  Yes

On what date would you be available for work?

Are you available to work:  Full-time  Part-time  All shifts  Temporary

Can you travel for work if necessary?  Yes  No

Are you legally permitted to work in the United States?  Yes  No

*NOTE: Proof of eligibility will be required within three working days of employment.*

Are you 18 years of age or older?  Yes  No

Are you willing to take drug tests at the Company's request?  No  Yes

Have you ever gone by a name other than the one listed above?  No  Yes—Please list:

## EDUCATION

**List the last 3 schools attended.**

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?  Yes  No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?  Yes  No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained?  Yes  No

## MILITARY SERVICE

Have you ever served in the U.S. military?  Yes  No

*NOTE: If you answered "no" to the above question, please skip the rest of this section.*

What was the length of your military service? \_\_\_\_\_ years, \_\_\_\_\_ months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

Describe how you most benefited from being in the service:

Describe how you least benefited from being in the service:

## EMPLOYMENT HISTORY

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay

Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay

Why did you leave this job?

May we contact this employer?  Yes  No  Later

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay

Why did you leave this job?

May we contact this employer?  Yes  No  Later

## REFERENCES

Name	Phone Number	Years Known

## APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release Senatobia Healthcare & Rehabilitation from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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