



AN EQUAL OPPORTUNITY EMPLOYER

Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the Personnel Director.

- You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
- This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application of Employment.

PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE INITIAL			
ADDRESS					
TELEPHONE NO.:			SOCIAL SECURITY NO.:		
ARE YOU 18 YEARS OR OLDER? YES NO					
If hired, can you supply the required documentation to verify your lawful right to work in the United States? YES NO					
Have you ever been convicted of a crime? YES NO If YES, please explain:					
POSITION APPLIED FOR:					
Date Available for Work:			Salary Desired:		
Full-Time Part-Time If Part-Time, Days Available:					
Are you currently employed? YES NO					
Have you ever been employed by Alpha & Omega Healthcare LLC? YES NO If Yes, provide dates: FROM ___ / ___ / ___ TO ___ / ___ / ___ & Location:					
Referred by:					
EDUCATIONAL BACKGROUND					
	NAME & SCHOOL LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?		DEGREE / DIPLOMA
HIGH SCHOOL			YES	NO	
COLLEGE			YES	NO	
TRADE, BUSINESS / CORRESPONDENCE SCHOOLS			YES	NO	



EMPLOYMENT HISTORY

Provide the following from your past and current employers, assignments or volunteer activities - starting with the most recent (use additional sheets if necessary).

EMPLOYER	TELEPHONE	DATES EMPLOYED to	TYPE OF WORK
ADDRESS			
JOB TITLE		HOURLY RATE STARTING	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE FINAL	
REASON FOR LEAVING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
MAY WE CONTACT FOR REFERENCES? YES NO LATER			
EMPLOYER	TELEPHONE	DATES EMPLOYED	TYPE OF WORK
ADDRESS			
JOB TITLE		HOURLY RATE STARTING	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE FINAL	
REASON FOR LEAVING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
MAY WE CONTACT FOR REFERENCES? YES NO LATER			
EMPLOYER	TELEPHONE	DATES EMPLOYED	TYPE OF WORK
ADDRESS			
JOB TITLE		HOURLY RATE STARTING	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE FINAL	
REASON FOR LEAVING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
MAY WE CONTACT FOR REFERENCES? YES NO LATER			



REFERENCES

Give the name of three business / work references, not related to you, whom you have known at least one year. If not applicable, list three school or personal references that are not related to you.

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED
1.			
2.			
3.			

PROFESSIONAL LICENSES, REGULATIONS AND/OR CERTIFICATION

TYPE	STATE ISSUED	EXPIRATION DATE	LICENSE NUMBER

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA and Section 504 of the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In consideration of my employment, I agree to conform to Alpha & Omega Healthcare LLC rules and regulation, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by Alpha & Omega Healthcare LLC.

I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: _____