



Davis Long Term Care Group

Dedicated to Love, Care, And Compassion

Application for Employment

Davis Long Term Care Group, Inc. (DLTC) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. DLTC assures you that your opportunity for employment with this Company depends solely on your qualifications.

Facility Name: _____

Date of application: _____

Personal Information

Last Name: First Name: Middle Initial: Maiden Name:

Address: _____

City: _____ State: _____ Zip: _____

Á _____

Home Telephone: Cell Phone: Work Phone: Email Address:

Yes No Yes No
Are you at least 18 years or older? Are you eligible to work in the U.S.?

Yes No
Have you worked for this company in the past? If yes, when?

Yes No
Do you have relatives presently working for this company? If yes, who? Relationship:

Yes No Yes No
How did you hear about this position?: Do you have reliable transportation to and from work?

During the past 10 years, have you been convicted of a crime:
(A conviction record will not necessarily preclude you from employment.) _____

If yes, please provide details, including number of convictions, date and nature of offense(s) leading to conviction(s), and sentence(s) imposed. Complete information is required.

Employment Desired

Position desired: _____ Date you can begin work: _____

Yes No

No Yes (Phone)

Are you currently employed? _____ If yes, may we contact your employer? _____

Employment schedule :

Full-time: _____ Part-time: _____ Per diem: _____ Desired salary: _____

Which shift do you prefer? 1st (days) _____ 2nd (evenings) _____ 3rd (overnights) _____

Are you available to work: Weekends _____ Holidays _____ Overtime _____ On Call _____

Please indicate days and hours you are available for work (please be specific)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Note: Work schedules are based upon the needs of the facility and may be subject to change on a weekly basis.

Education

Name and location of school:

Number of years attended:

Major and Degree:

High School: _____

College: _____

Business or Trade: _____

Professional: _____

Please summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

Computer Skills:

Word Processing: _____ Internet: _____ Excel: _____ IMAR: _____ CareTracker: _____ Other: _____

Employment History

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

Dates From: _____ To: _____ Telephone: _____ Immediate Supervisor: _____

Employer Name: _____ Address: _____

Summarize the nature of the work performed and job responsibilities:

Reason for leaving: _____

Dates From: _____ To: _____ Telephone: _____ Immediate Supervisor: _____

Employer Name: _____ Address: _____

Summarize the nature of the work performed and job responsibilities:

Reason for leaving: _____

Dates From: _____ To: _____ Telephone: _____ Immediate Supervisor: _____

Employer Name: _____ Address: _____

Summarize the nature of the work performed and job responsibilities:

Reason for leaving: _____

Dates From: _____ To: _____ Telephone: _____ Immediate Supervisor: _____

Employer Name: _____ Address: _____

Summarize the nature of the work performed and job responsibilities:

Reason for leaving: _____

References

Please provide two (2) professional and two (2) personal references.

Professional

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Job Title _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Job Title _____

Personal

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Davis Long Term Care Group, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Davis Long Term Care Group, Inc. and its representatives from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause.

This application is current for sixty (60) days only. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant:

Print Name:

Date