



Genesis Health Care, Inc.
 Deeply Rooted In Our Community

EMPLOYMENT APPLICATION

Genesis Health Care, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

<i>FOR OFFICE USE ONLY</i>
Time Card Number:
Date Employment begins:
E-Mail:
Beginning Salary:
Emergency Contact:

<i>PERSONAL</i>			
Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			Business or Message #
Date of Birth	Department		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & locations	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATIO
N**

Circle Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4
 Graduate Studies _____

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

For Clerical Applicants Only:

Do you type? Yes No If yes, WPM:
Computer Skills (Hardware/Software)

EMPLOYMENT HISTORY

List all employments for the past 5 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities:			

Employed From / /	Employer Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities:			

Employed From / /	Employer Name	Supervisor's Name	Starting Salary
Employed Until / /	Employer Address	Supervisor's Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities:			

GENERAL INFORMATION:

- Yes No May we contact your current employer for references?
- Yes No If hired, will you be able to work overtime?
- Yes No Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Yes No Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court.
- Yes No Have you ever been disqualified or otherwise barred from working with Medicare, Medicaid, or any other health insurance program?

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, my employment shall be 'at will' and that either I or the Company may terminate my employment at any time for any reason. I understand that my employment shall be subject to termination if any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain a credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. I further understand that Genesis Health Care, Inc., Employee Handbook does not create any type of contractual arrangement, however defined, between me and Genesis Health Care, Inc.

I further authorize that any funds due me from Genesis Health Care, Inc. upon termination of my employment may be held by Genesis Health Care, Inc. until an exit interview is completed, in person, by me and all funds that may have been advanced to me, if any, by Genesis Health Care, Inc. have been repaid by me in full.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date