



For Office Use Only

Time Card Number:

Date Employment Begins:

Email:

Beginning Salary:

Emergency Contact:

Employment Application

PERSONAL INFORMATION

Last Name	First Name	M.I.	Social Security #
Other Name(s) Used			Home Telephone #
Address			Business or Message #
Date of Birth	Department		Desired Salary
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), & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), & location(s)	

EDUCATION

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					



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
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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			

For Clerical Applicants Only:

Do You Type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, WPM: _____	Computer Skills (Hardware/ Software):
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GENERAL INFORMATION (Please Circle One)

May we contact your current employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
If hired, will you be able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what and when?
Have you ever been disqualified or otherwise barred from working with Medicare, Medicaid, or any other health insurance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?

References:

Name	Phone Number	Relationship
Reference One		
Reference Two		
Reference Three		

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.



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 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. If further authorization 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 from me 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 and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986.

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

Signature: _____ **L.S.** **Date:** _____