



**APPLICATION FOR EMPLOYMENT - PAGE 1**

At Shoreline Health and Rehabilitation, we ensure the care of our patients by striving to hire only the best! Please complete the following application in its entirety (all 4 pages) and print in ink or type. We require every candidate to complete this application even if you are providing a resume. All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, national origin, religion, ancestry, marital status, gender, age, physical or mental handicaps or disability, sexual orientation, or any other consideration made unlawful by federal, state or local laws. If you have a disability, which requires an accommodation in the application or interview process, please notify us in advance.

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_  
Shift Desired (if applicable) 1<sup>st</sup> Shift \_\_\_ 2<sup>nd</sup> Shift \_\_\_ 3<sup>rd</sup> Shift \_\_\_ OR Hours Available \_\_\_\_\_  
Acceptable Salary Level \_\_\_\_\_ If hired, on what date can you start work?  
Can you work weekends? Yes \_\_\_ No \_\_\_ Can you work overtime? Yes \_\_\_ No \_\_\_

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Present Address - Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best number to reach you \_\_\_\_\_  
Best time to contact you at home is \_\_\_\_\_

- (1) If you are under the age of 18, can you furnish a work permit? Yes \_\_\_ No \_\_\_
  
- (2) If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire. Can you, after employment, submit verification of your legal right to work in the United States. Yes \_\_\_ No \_\_\_



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(3) Have you ever been convicted by any court of a criminal offense, felony or serious misdemeanor? Yes \_\_\_ No \_\_\_

If yes, state the nature of the crime(s), when and where you were convicted and disposition of the case? \_\_\_\_\_

(Note: No application will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

(4) Are you able to perform the essential functions of the job? Yes \_\_\_ No \_\_\_

If no, please describe the functions that cannot be performed. \_\_\_\_\_

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applications to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)

(5) Do you have any friends or relative working at this company? Yes \_\_\_ No \_\_\_  
If yes, list name(s) / position(s) \_\_\_\_\_

(6) How did you hear about this position? \_\_\_\_\_

(7) Why are you applying for work? \_\_\_\_\_

(8) Do you currently hold a professional license or certification? Yes \_\_\_ No \_\_\_

If yes, please note type including State, Number and Expiration Date: \_\_\_\_\_

(9) Are you currently attending school? Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_

(10) What subject(s) of special study or research work are you, or have you pursued? \_\_\_\_\_



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**WORK EXPERIENCE**

Please list all employment for the last 7 years. Begin with your most recent employment.

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_ May we contact Yes \_\_\_ No \_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of work performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_ May we contact Yes \_\_\_ No \_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of work performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name and Title \_\_\_\_\_ May we contact Yes \_\_\_ No \_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
 Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of work performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please explain any gaps of employment.

\_\_\_\_\_



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**APPLICATION FOR EMPLOYMENT - PAGE 4**  
**EDUCATION**

**HIGH SCHOOL**

Name \_\_\_\_\_ Graduated Yes \_\_\_ No \_\_\_  
Address \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

**COLLEGE**

Name \_\_\_\_\_ Graduated Yes \_\_\_ No \_\_\_  
Address \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

**OTHER**

Name \_\_\_\_\_ Graduated Yes \_\_\_ No \_\_\_  
Address \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

**REFERENCES**

List name and telephone number of three business/work references who are not related to you.

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Years Known \_\_\_\_\_



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Please read carefully, initial each paragraph and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials \_\_\_\_\_

I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility on or before the first day of work.

Initials \_\_\_\_\_

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosures.

Initials \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the company Administrator.

I have read and fully understand the previous statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date