



APPLICATION FOR EMPLOYMENT

NAME: _____

An Equal Opportunity Employer: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION

(PLEASE PRINT)

Name (Last Name First)			Social Security #		
Mailing Address		City	State	Zip	
Street Address		City	State	Zip	
Previous Address if less than 3 years		City	State	Zip	
Phone #	Cell Phone #	Are you 18 years or older?	Yes No	Are you legally authorized to work in the United States?	Yes No
Email		Emergency Contact: Name		Phone #	

DESIRED EMPLOYMENT

Position(s) applying for:			Date of Application:		
Are you presently employed?	Yes No	If so, may we inquire of your present employer?	Yes No	What is the best time to contact you?	AM/PM
Have you ever worked for Silver Health CARE before?			Yes No	Name of last supervisor at SHC?	
Where?	When?				
Have you ever applied to Silver Health CARE before?			Yes No	Reason for leaving?	
Where?	When?				
Do any of your friends or relatives (including your spouse) work for SHC?			Yes No	Who and relationship?	
Are you available for:			Date you can start work?		
<input type="checkbox"/> Full-time employment? <input type="checkbox"/> Part-time employment? <input type="checkbox"/> Temporary employment?			What is your desired salary range?		
Are you currently on "lay-off" status and subject to recall?			Yes No	Can you travel if this position requires it?	Yes No
How did you find out about this position?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative/Friend		<input type="checkbox"/> Inquiry/Walk-in	
<input type="checkbox"/> State Labor Department		<input type="checkbox"/> SHC Employee		<input type="checkbox"/> Other	

SS#: _____

EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Other				

DATE: _____

EMPLOYMENT EXPERIENCE

List below your last three employers within the last 15 years, starting with your present or last job.

Employer 1		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

OTHER QUALIFICATIONS

Special job-related skills and qualifications acquired from previous employment, schooling, or other experiences.
Special training, certifications, licenses, foreign languages, etc.
Subjects of special study or research work.
State any additional information you feel may be helpful to us in considering your application.

REFERENCES

List your PROFESSIONAL references whom we may contact.

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	

SERVICE RECORD

Have you ever served in the United States Armed Forces?		Yes
		No
Branch of Service?	Discharge Date?	Rank?

Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)?	Yes
	No

If Yes, explain:

(A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.)

AUTHORIZATION

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I further authorize Silver Health CARE to investigate my background for purpose of evaluating whether I am qualified for the position for which I am applying. I understand that Silver Health CARE will utilize an outside firm/firm to assist in checking such information, and I specifically authorize such an investigation by information services/outside entities of the company's choice.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Silver Health CARE is of an "at will" nature, which means that the Employee may resign at any time and/or Silver Health CARE may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Silver Health CARE specifically acknowledges such change in writing.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or during any interviews shall be grounds for dismissal. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Date: _____ Applicant's Signature: _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWERS' USE ONLY**

Interviewed by:	Date:
Comments:	

Interviewed by:	Date:
Comments:	

Interviewed by:	Date:
Comments:	

For Personnel Department Use ONLY			
Arrange Interview	<input type="checkbox"/>	Yes	Date: _____ Time: _____
	<input type="checkbox"/>	No	Date: _____ Time: _____
Remarks:			
Employed	<input type="checkbox"/>	Yes	Date of Employment: _____
	<input type="checkbox"/>	No	
Job Title:	Department:	Hourly Rate/Salary:	
By-Name & Title:			Date: