

**ESTELLINE NURSING AND CARE CENTER**  
**ESTELLINE, SOUTH DAKOTA**

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

Policy prohibits discrimination on the basis of age, race, color, sex, nation, citizenship, disability, or veterans status in accordance with all applicable federal and state laws.

**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.**

NAME AND ADDRESS		
<b>Name</b>	_____ Last                      First                      Middle                      Social Security Number	
<b>Current Address</b>	_____ Number                      Street _____ City                                      State                                      Zip Code	
<b>Telephone Number</b>	_____ Home                                      Cell	
POSITION DESIRED		
What kind of position are you applying for? _____		
WORK SCHEDULE		
What type of employment do you want?	Full Time__ Part Time__ Temporary__	<i>(for office use only)</i>
When could you start employment? (Date)	_____ / _____ / _____	
What is the minimum number of hours you would consider acceptable?	Per Day _____ hours Per Week _____ hours	
Can you work a flexible schedule? (Days scheduled and number of hours scheduled is different every week)	YES___ NO___	
What shifts are you available to work?	Days___ Nights___ Weekends___	
EMPLOYMENT STATUS		
Are you current employed? Is your intent to continue in your current job(s) if you work for us?	YES___ NO___; If YES, how many jobs do you currently hold? _____ YES___ NO___	
Are you currently a student? (Or planning to go to school within the next 6 months)	YES___ NO___; If YES, what impact does this have on your availability to work? _____ _____	
Are there any commitments, activities, hobbies, vacation plans, etc. that could affect your availability for work?	YES___ NO___; If YES, please explain: _____ _____	

**PERIODS OF UNEMPLOYMENT DURING THE PAST THREE (3) YEARS**

All reasons must be specific	From _____ to _____ Reason _____
	From _____ to _____ Reason _____

**EMPLOYMENT HISTORY**

In the past 5 years, how many different employers have you worked for? \_\_\_\_\_

**EMPLOYMENT RECORD**

List the most recent employer, or last employer, first. Include military service (not country of service), or any self-employed or unemployed periods. You must account for the past three (3) years or since completing school, whichever is shorter.

**PRESENT OR LAST EMPLOYERS**

<b>Company</b>		<b>BACKGROUND CHECK</b> <i>(office use only)</i>
Address		
Telephone No.		
Dates Employed		
Last Position Held	From _____ to _____ Last Salary _____	
Last Supervisor=s Name		
Reason for Leaving		
What did you like the most about the job?		
What did you like the least about the job?		
<b>Company</b>		
Address		
Telephone No.		
Dates Employed		
Last Position Held	From _____ to _____ Last Salary _____	
Last Supervisor=s Name		
Reason for Leaving		
What did you like the most about the job?		
What did you like the least about the job?		
<b>Company</b>		
Dates Employed		
Last Position Held	From _____ to _____ Last Salary _____	

**EDUCATION****IF YOU ATTENDED HIGH SCHOOL**

Name of High School \_\_\_\_\_

City \_\_\_\_\_

Graduated? YES\_\_\_ NO\_\_\_

**IF YOU ATTENDED COLLEGE**

Last College Attended \_\_\_\_\_

Years Attended From \_\_\_\_\_ to \_\_\_\_\_

Graduated? YES\_\_\_ NO\_\_\_

Major Course of Study \_\_\_\_\_

Degree (if applicable) \_\_\_\_\_

**LICENSE  
VERIFICATION**  
(office use only)**LICENSES/ CERTIFICATION**Do you have any professional  
certifications/licenses?

YES\_\_\_ NO\_\_\_

If YES, what type and expiration date  
\_\_\_\_\_  
\_\_\_\_\_**EDUCATION/TRAINING**

Do you have any other kind of education/training?

YES\_\_\_ NO\_\_\_

If YES, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**OTHER INFORMATION**

Driver=s License Number \_\_\_\_\_

Age, if under 18 \_\_\_\_\_

STATE \_\_\_\_\_ Number \_\_\_\_\_  
If under 18, what is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_Have you ever been convicted for a crime  
other than a minor traffic violation?YES\_\_\_ NO\_\_\_; If YES, list all convictions, stating date, nature of offenses  
and where they occurred. A conviction will not automatically disqualify you  
from employment.  
\_\_\_\_\_  
\_\_\_\_\_

Are you eligible to work in the United States?

YES\_\_\_ NO\_\_\_ Document Number (if applicable) \_\_\_\_\_

Have you been employed by this company  
before? If so, provide location and dates  
employed.

YES\_\_\_ NO\_\_\_; If YES, when \_\_\_\_\_

Is there anything that would prevent you from  
routinely bending, twisting, and lifting 50  
pounds?YES\_\_\_ NO\_\_\_; If YES, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

**FOR ALL APPLICANTS**

My signature certifies that my responses are true and complete. I understand that misrepresentation or omission of facts is cause for immediate dismissal no matter when the misrepresentation or omission is discovered. Furthermore, my signature authorizes investigation of all statements contained in this application.

I hereby release prior employers, schools and law enforcement agencies from all liability in responding to inquiries in connection with my application. I understand that, if hired, my employment is at will and either I or my employer may terminate my employment at any time, with or without cause, unless the at will arrangement is modified by a written agreement signed by both me and a duly authorized office of the Company.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_