Big Meadows Employment Application Form

Note: Use the TAB key to navigate between fields.				
Date:	E-mail:			
Last Name:	First Name:		M.I.	SSN:
Street Address:			Home F	Phone:
City, State, Zip:			Cell F	Phone:
Have you ever applied for employment with us? If yes, month 1 and year Prior to 1990	Yes No and location Big Meadows			
Position Desired: Nursing Assistant	Shift Desired: Any Des	red Rate of Pay:		
After reviewing the job description(s), can you perfore the second secon	dation?		No No	
If applying for a Nursing Assistant position, are you	certified?	Yes	No	
Apart from absence for religious observance, are your lf not, what hours can you work?	ou available for full-time work?	Yes	No	
Will you work overtime if necessary? When will you be available to begin work?		Yes	No	
Are you legally eligible for employment in the United How did you learn of an opening?	I States?	Yes	No	
If you are under 18 years of age, can you provide required proof of you eligibility to work? Yes No				
			# -£ X/-	Did Yau

Level of Education	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	
Graduate				Yes	No
College				Yes	No
 Business/Trade School				Yes	No
High School				Yes	No
Elementary				Yes	No

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

(1) Company Name:	Telephone:	
	Employed (State month, year)	
Address:	From:	То:
	Rate of Pay	
Name of Supervisor:	Start:	Last:

Job Title and Describe Your Work:	Reason for Leaving:			
	O.K. to Contact Employer:	:	Yes	No
(2) Company Name:	Telephone:			
	Employed (State month, y	year)		
Address:	From:	To:		
	Rate of Pay			
Name of Supervisor:	Start:	Last:		
Job Title and Describe Your Work:	Reason for Leaving:			
	O.K. to Contact Employer:	:	Yes	No
(3) Company Name:	Telephone:			
	Employed (State month, y	year)		
Address:	From:	To:		
	Rate of Pay			
Name of Supervisor:	Start:	Last:		
Job Title and Describe Your Work:	Reason for Leaving:			
	O.K. to Contact Employer: Yes		Yes	No
(4) Company Name:	Telephone:			
	Employed (State month, year)			
Address:	From:	To:		
	Rate of Pay			
Name of Supervisor:	Start: I	Last:		
Job Title and Describe Your Work:	Reason for Leaving:			
	O.K. to Contact Employer:	:	Yes	No
PERSONAL REFERENCES	(Nc	o relat	ives or pr	evious supervisors.)

	Name	City/State	Phone	Years Acquainted
1.				
2.				
3.				

Big Meadows, Inc. does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or mental or physical disability, including pregnancy, unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Big Meadows, Inc. the right to make a thorough investigation of my past employment and activities, including criminal, and I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. If hired, I consent to a physical examination and understand that my employment offer will be contingent on passing the physical examination, and such future physical examination as may be required by Big Meadows, Inc. in accordance with its policies and with the regulatory agency.

I understand that I must successfully pass a drug screen to be employed with this organization.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misrepresentation or omission of fact appearing on this application.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.