

Sacred Rose Healthcare

Application For Employment

Sacred Rose Healthcare is an equal opportunity employer and does not discriminate because of race, creed, color, sex, marital status, age, national origin, handicap, veteran status or sexual preference, or other protected status.

Personal Data

Last Name	First	Middle	Telephone () Home	() Cell	() Message
Social Security Number:			Are you age 18 or older? [] Yes [] No		
Street Address		City	State	Zip Code	

Criminal & Registry Information

Please answer the following questions by checking the correct response and adding additional comments where needed.		
Have you ever been employed with us?	[] Yes	[] No
Are you legally authorized to work in the United States?	[] Yes	[] No
Have you registered with the FAMILY CARE SAFETY REGISTRY ?	[] Yes	[] No
Have you ever been convicted of a crime?	[] Yes	[] No
Have you ever pleaded "nolo contendere" to any felony offense?	[] Yes	[] No
Have you had any criminal actions that resulted in:		
A. Suspended Imposition of Sentence (SIS)?	[] Yes	[] No
B. Suspended Execution of Sentence (SES)?	[] Yes	[] No

EDUCATION

Name & Location	Degree? Certificate? Subject Studied? Type of School? Years Attended?

Professional License Information

Name on Professional License:(Print) _____			
Type: _____	License #: _____	State: _____	Expiration Date: _____
Type: _____	License #: _____	State: _____	Expiration Date: _____
Type: _____	License #: _____	State: _____	Expiration Date: _____

Please check the position you are applying for?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Physical Therapy Assistant | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Certified Nurse Aide | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Medical Social Worker |
| <input type="checkbox"/> Office Position: _____ | | <input type="checkbox"/> Nurse Aide | <input type="checkbox"/> Homemaker [] Companion |

Previous Employment (Past 7 Years Minimum)

Company Name	Mailing Address	Telephone # (include area code)	Was this experience as: (Check)
			Agency Homemaker
			Nurse Aide
Supervisor's Name	Employed Month/Year To/From	Position	Maid/Household Worker
			Child Care Worker
			Sick or Aged Caregiver

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I hereby authorize Sacred Rose Healthcare to fully investigate my record and work qualifications either before or during my employment, and to facilitate such investigation. I also hereby authorize any persons having knowledge thereof to give such information to Sacred Rose Healthcare upon request.

I certify that all statements made by me on this application for employment and accompanying resume are true and correct to the best of my knowledge and belief, and agree that any misrepresentation, falsification or omission of facts thereon shall be sufficient cause to deny my employment or if employed, to justify my dismissal.

I understand that if employed by the Company, such employment is not for any definite period but is at will and may be terminated by either party at any time and without prior notice. I understand that any offer of employment is conditioned on my ability to establish eligibility under the Immigration Reform and Control Act of 1986.

Printed Name	Signature	Date