

TERESIAN HOUSE

Where the spirit of love and dedication lives...

Pre-Employment Application

Applicants are considered for all positions without regard to alienage, race, color, religion, sex, sexual preference, national origin, age, marital status, veteran status, or the presence of a disability for which reasonable accommodation can be offered or any other legally protected status.

NAME: (last)	(first)	(middle initial)	SOCIAL SECURITY NUMBER:
CELL PHONE:	ADDRESS:		
ALTERNATIVE PHONE or Email:	CITY:	STATE:	ZIP CODE:
POSITION(S) APPLIED FOR:		DATE:	

EMPLOYMENT DESIRED: FULL-TIME, PART-TIME, PER DIEM, TEMPORARY, SUMMER/SEASONAL

HOW MANY DAYS PER WEEK? _____ WHICH SHIFT DO YOU PREFER? _____, 2ND CHOICE _____

IF HIRED, WHAT DATE WOULD YOU BE ABLE TO START WORK? _____

HAVE YOU EVER APPLIED HERE? _____, IF YES, WHEN? _____

WERE YOU EVER EMPLOYED HERE? _____, IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING HERE: _____

HOW DID YOU BECOME INTERESTED IN APPLYING HERE? Walk-in; Vocational school; Newspaper Ads;
 Website Ads _____; Referred by Employee, by whom? _____;
 Volunteer/ Intern/ Clinic training at Teresian House, which floor? _____; Other _____

LIST YOUR SKILLS OR QUALIFICATIONS WHICH DIRECTLY PERTAIN TO THE POSITION(S) FOR WHICH YOU ARE APPLYING: _____

IF YOU ARE UNDER 18 YEARS OF AGE, LIST DATE OF BIRTH: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? _____
 IF YES, PLEASE EXPLAIN: _____

(Disclosure of a conviction does not necessarily disqualify consideration of you for the position for which you have applied.)

ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____

DO YOU HOLD A PROFESSIONAL CERTIFICATION OR LICENSE? _____ IF YES, SPECIFY: _____

STATE IN WHICH LICENSE IS HELD: _____; EXPIRATION DATE: _____; LICENSE NUMBER: _____

Office Use Only			
<input type="checkbox"/> Weekend	<input type="checkbox"/> Video	<input type="checkbox"/> Schedule interview for _____ on _____	
<input type="checkbox"/> Holidays	<input type="checkbox"/> Transportation	(dept) (date / time)	
<input type="checkbox"/> Pay Rate	<input type="checkbox"/> Cert/ License	<input type="checkbox"/> FT <input type="checkbox"/> PT position/shift _____	<input type="checkbox"/> Registry <input type="checkbox"/> Working permit <input type="checkbox"/> OP

In order to consider your application for employment, it is necessary to complete all information requested below.

EDUCATION	SCHOOL NAME	CIRCLE HIGHEST YEAR COMPLETED	DIPLOMA or DEGREE	DID YOU GRADUATE (CIRCLE ONE)
HIGH SCHOOL		9 10 11 12		YES NO
COLLEGE		1 2 3 4		YES NO
CNA/LPN/RN VOCATIONAL/TECHNICAL OR OTHERS				YES NO

EMPLOYMENT HISTORY - LIST CURRENT OR MOST RECENT FIRST:

(1) CURRENT OR MOST RECENT EMPLOYMENT: OK TO CONTACT FOR REFERENCE? YES or NO (circle one)

COMPANY NAME: _____ MANAGER/SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMPLOYMENT STATUS: FULL-TIME / PART-TIME / AS NEEDED

DATES OF EMPLOYMENT: From _____ To _____ Rate of Pay: _____
(mo/year) (mo/year)

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

(2) CURRENT OR MOST RECENT EMPLOYMENT: OK TO CONTACT FOR REFERENCE? YES or NO (circle one)

COMPANY NAME: _____ MANAGER/SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMPLOYMENT STATUS: FULL-TIME / PART-TIME / AS NEEDED

DATES OF EMPLOYMENT: From _____ To _____ Rate of Pay: _____
(mo/year) (mo/year)

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

(3) CURRENT OR MOST RECENT EMPLOYMENT: OK TO CONTACT FOR REFERENCE? YES or NO (circle one)

COMPANY NAME: _____ MANAGER/SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMPLOYMENT STATUS: FULL-TIME / PART-TIME / AS NEEDED

DATES OF EMPLOYMENT: From _____ To _____ Rate of Pay: _____
(mo/year) (mo/year)

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES

Do not list relatives!

NAME	PHONE NUMBER/ or COMPLETE ADDRESS/ or E-MAIL (only ONE is needed)	YEARS KNOWN

VALIDATION

ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS, OR OMISSIONS ON THIS APPLICATION SHALL BE SUFFICIENT BASIS FOR DISMISSAL.

Signature of Applicant

Date

Your work record and/or personal references may be contacted for verification. Some references may require your consent before they release any information regarding your employment.

EMPLOYMENT INFORMATION RELEASE

I hereby authorize you to furnish Teresian House with all the information requested and any other information you may have concerning me, and I hereby release you, your organization, and Teresian House from all liability for any damage whatsoever arising therefrom.

Signature

Date

Print Name

If you have worked under a different name, where disclosure is necessary to enable us to check a work record, please list that name(s).

Prior Name or Aliases

Thank you for completing your application for employment with Teresian House. We will consider your application for employment and will contact you at the number you supplied on the front of application should we choose to interview you.

THIS PAGE IS FOR HUMAN RESOURCES OFFICE USE ONLY

REMARKS: never applied; applied _____
 interviewed _____

NOTES: _____

APPLICATION REVIEWED BY _____

DATE _____

EMPLOYER SECTION

EMPLOYMENT OFFER INFORMATION
(information completed only at post-offer)

OFFER ACCEPTED (date): _____ OFFER DECLINED (date & reason): _____

STATUS: Full-Time; Part-Time; Temp (list time frame) _____.

JOB TITLE: _____ SHIFT: _____ PAY RATE: _____

DEPARTMENT(S): _____ DATE OF HIRE: _____

ITEMS REQUIRED BY FIRST DAY OF EMPLOYMENT:

ID; License/Cert; Working Permit; Other _____

Physical: Date ___/___/___, Time _____ alternate time if necessary _____

General Orientation Date: ___/___/___ Training Date(s): _____

General Orientation Time: _____ to _____ Training Time: _____ to _____

INFORMATION REQUIRED TO SUBMIT TO CHRC:

DOB: _____; Birth Country: _____; Race: _____; Primary Language: _____;

Eye color: _____; Hair color: _____; Height: _____; Weight: _____; Alias: _____.