

Name _____
Date _____
Position(s) Applied For _____



An Equal Opportunity Employer

STATEMENT OF NON-DISCRIMINATION

We at Summit Pointe are committed to a policy of equal treatment and opportunity without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, sexual orientation, age, or disability (except when based on a bona fide occupational qualification). This includes, but is not limited to: recruitment, hiring, selection for training, transfer, promotion, rates of pay, and other forms of compensation.

GENERAL INFORMATION

Last Name	First Name	Middle Name	Email
Present Address	Street	City	State Zip Code Telephone/Cell ()
Permanent Address (If different from above)	Street	City	State Zip Code Telephone ()
Are you at least 18 years of age? <input type="radio"/> Yes <input type="radio"/> No	Can you legally work in the U.S.? <input type="radio"/> Yes <input type="radio"/> No	Employment is subject to verification that you are of minimum legal age and can work legally in the U.S.	
Have you ever been convicted of any crime other than a minor misdemeanor? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.			Answering "yes" will not automatically disqualify you for employment.
Position(s) Desired			
Shift(s) Desired		Status Desired <input type="radio"/> Full Time <input type="radio"/> On Call # Hours/Week _____ <input type="radio"/> Part Time <input type="radio"/> Temporary _____ number months available	
Days Available (check all you can work) <input type="radio"/> Sun. <input type="radio"/> Mon. <input type="radio"/> Tue. <input type="radio"/> Wed. <input type="radio"/> Thurs. <input type="radio"/> Fri. <input type="radio"/> Sat.		Date available <input type="radio"/> Immediately <input type="radio"/> Upon _____ weeks notice (check one) <input type="radio"/> Other _____	
Have you worked for Summit Pointe before? <input type="radio"/> Yes <input type="radio"/> No If yes, when?		Where/Dept	Supervisor
Do you have any friends/acquaintances/family working for Summit Pointe? <input type="radio"/> Yes — Name(s) Facility/Department <input type="radio"/> No			
How did you hear about Summit Pointe? <input type="radio"/> Referred By <input type="radio"/> Newspaper Ad <input type="radio"/> Online <input type="radio"/> Job Board			

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	If no, have you obtained a G.E.D.?
High School			9 10 11 12	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Diploma Program, Commercial or Technical Courses			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	List Diploma or Degree
College or University		Major Minor	1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Graduate School			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other Pertinent Education					

SKILLS

NON-NURSING APPLICANTS ONLY

Job-Related Skills (such as clerical, technical, computer, etc. — please list)

Professional Certifications: Yes (list) No

NURSING APPLICANTS ONLY

RNs: List license number, name of state(s) licensed, and expiration dates.

LPNs: List license number, name of state(s) licensed, and expiration dates.

TMA: List certification dates and states.

NAR: Length of course (number of hours) _____
Are you on the state registry? Yes No If, yes, what state(s)?

EMPLOYMENT HISTORY

List complete employment history: 1) **begin with current or most recent position**; 2) include military experience which may relate to position for which you are applying; 3) include all positions, regardless of their relation to the position for which you are applying; 4) include dates of employment for past five (5) years only.

If work or educational experience was obtained under another name, please indicate that name.

1. Employment Dates From: Mo _____ Yr _____ To: Mo _____ Yr _____	Employer (company name)	Telephone ()
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Full Name of Supervisor	Street Address
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Title of Position You Held	City	State	Zip Code
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Summarize Your Job Duties	<input type="radio"/> Full Time	<input type="radio"/> Temp.	Salary per hour
	<input type="radio"/> Part Time	<input type="radio"/> On Call	Start End

Reason For Leaving

May we contact your present employer for reference/verification purposes? Yes No

2. Employment Dates From: Mo _____ Yr _____ To: Mo _____ Yr _____	Employer (company name)	Telephone ()
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Full Name of Supervisor	Street Address
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Title of Position You Held	City	State	Zip Code
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Summarize Your Job Duties	<input type="radio"/> Full Time	<input type="radio"/> Temp.	Salary per hour
	<input type="radio"/> Part Time	<input type="radio"/> On Call	Start End

Reason For Leaving

3. Employment Dates From: Mo _____ Yr _____ To: Mo _____ Yr _____	Employer (company name)	Telephone ()
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Full Name of Supervisor	Street Address
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Title of Position You Held	City	State	Zip Code
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Summarize Your Job Duties	<input type="radio"/> Full Time	<input type="radio"/> Temp.	Salary per hour
	<input type="radio"/> Part Time	<input type="radio"/> On Call	Start End

Reason For Leaving

4. Employment Dates From: Mo _____ Yr _____ To: Mo _____ Yr _____	Employer (company name)	Telephone ()
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Full Name of Supervisor	Street Address
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Title of Position You Held	City	State	Zip Code
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Summarize Your Job Duties	<input type="radio"/> Full Time	<input type="radio"/> Temp.	Salary per hour
	<input type="radio"/> Part Time	<input type="radio"/> On Call	Start End

Reason For Leaving

APPLICANT STATEMENT

I understand and agree that any offer of employment is conditional upon completing and passing a medical screening based on the physical demands of the job for which I am applying, acceptable reference checks, criminal background check, drug test, and successful completion of the orientation period.

I authorize investigation of all statements contained in this application and I understand that the information given on my employment application form and during the medical screening is sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks I might receive, is intended to create an employment contract between Summit Pointe and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Summit Pointe. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and Summit Pointe retains a similar right regarding the termination of my employment.

Date

Signature of Applicant (Type in Name)

PROFESSIONAL REFERENCES

1. Name
Relationship
Telephone ()
Email
2. Name
Relationship
Telephone ()
Email
3. Name
Relationship
Telephone ()
Email

