

# APPLICATION FOR EMPLOYMENT

Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Community Applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

It is the policy of Eskaton to provide employment, training, compensation, promotion and other conditions of employment without discrimination on the basis of race, religion, color, national origin, ancestry, marital status, military status, gender, physical or mental disability, sexual orientation or age.

## GENERAL INFORMATION

Last Name		First Name		Middle Initial	
Address		City	State	Zip	
Home Phone ( )	Cell, Work or Message Phone ( )		E-mail Address		
How did you hear about Eskaton? <input type="checkbox"/> Walk-In <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Eskaton Referral <input type="checkbox"/> Eskaton Website <input type="checkbox"/> Online Job Board _____ <input type="checkbox"/> Other: _____	Check Work Availability		Days	PM's	Nights
	<input type="checkbox"/> Full Time				
	<input type="checkbox"/> Part Time				
	<input type="checkbox"/> On-Call				
	<input type="checkbox"/> Temporary				
<input type="checkbox"/> Weekends		<input type="checkbox"/> Holidays	<input type="checkbox"/> Other		
Are there any specific days or times you can not work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please list days/times you can not work:					

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)

## PERSONAL INFORMATION

1. Have you ever filed an application with Eskaton before? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you under 18 years of age? (If yes, a work permit will be required.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been employed with Eskaton before? If yes, when and which community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Can you provide proof of eligibility to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you able to get to and from work in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Can you travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are there other positions that you are qualified for? Please List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Best time to contact you and where:		

ESKATON IS AN EQUAL OPPORTUNITY EMPLOYER

**WORK EXPERIENCE**

Start with your present or last job. Include any job related military service assignments and volunteer activities.

Employer	Dates Employed		Duties and Responsibilities
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			

May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
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Employer	Dates Employed		Duties and Responsibilities
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			

May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
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May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
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Job Title	Hourly Rate/Salary		
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Supervisor			

May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
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Employer	Dates Employed		Duties and Responsibilities
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Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			

May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
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**Comments: Include explanation of any gaps in employment.**


**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRAD. SCHOOL			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
NAME												LOCATION				COURSE - DEGREE				
High School																				
Community College																				
College / University																				
Nursing, Technical or Vocational School																				
Other Training or Skills																				
What computer applications are you proficient at? (Word, Excel, PowerPoint etc.)																				

**PROFESSIONAL LICENSES AND / OR CERTIFICATIONS**

Are you currently  Licensed  Certified

IF LICENSED, REGISTERED OR CERTIFIED	Type	State Issued	Date	Number
	Type	State Issued	Date	Number
	Is your license currently under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any pending disciplinary proceedings before the Board of Registered Nurses? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIL ACTIVITIES AND OFFICES HELD.**


**BACKGROUND**

Have you ever been convicted of a felony or of any crime for which you served a jail or prison sentence? (Omit references to convictions under California Health and Safety Code sections 11357 (a) or (b), 11360 (c), 11364, 11365, or 11550 related to marijuana which occurred two or more years ago, any post-trial diversion program and any other matters protected by applicable laws.) \_\_\_\_\_

Are you currently awaiting trial for any criminal offense? \_\_\_\_\_

Have you ever initiated an act of violence in the workplace? \_\_\_\_\_

Have you ever been discharged from employment? \_\_\_\_\_

A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer so that individual circumstances can be considered. Use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTICE: New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and relate to you.

**PERSONAL/PROFESSIONAL REFERENCES** (List three persons not related to you who have knowledge of your work performance within the last three years.)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## Authorization and Acknowledgment

I authorize investigation of all statements contained in this application. I authorize Eskaton to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom. **I understand that falsification; misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application from consideration.** \_\_\_\_\_ (Initial)

I certify that I have not been convicted of any offense or crime that would preclude employment in a health care facility. If hired, I will report immediately within 5 days if I have been convicted of any offense or crime that would preclude my continued employment. \_\_\_\_\_ (Initial)

I further certify that I have not been excluded from participation in the Federal health care programs, i.e., Medicare or Medicaid. If hired, I will report immediately within 5 days if I have been excluded from participation in any Federal health care program. \_\_\_\_\_ (Initial)

If I am employed by Eskaton, I agree to conform to the rules and regulations of Eskaton. I also understand and agree that except for arbitration and employment at-will status, my wages, hours, working conditions, job assignments(s) and compensation rate(s) are subject to change by Eskaton, I understand my employment can be terminated with or without cause and with or without notice, at any time at the option of Eskaton or myself. I understand that other than the President of Eskaton, no manager, supervisor or representative of Eskaton has authority to enter into any agreement for employment for any special period of time, or to make any agreement contrary to the foregoing. Only the President of Eskaton has the authority to make any agreement contrary to the foregoing and then only in writing. \_\_\_\_\_ (Initial)

No offer of employment at Eskaton is final until a prospective employee has passed a criminal background check. I understand that fingerprinting and criminal history investigations for employees are required by law and company policy in order for Eskaton to maintain its licenses with governmental entities. I also understand that prior to the commencement of any employment with Eskaton and, if I am employed, during my employment with Eskaton, my fingerprints may be required and an investigation into my criminal history may be conducted pursuant to the applicable laws and requirements. With this understanding, I knowingly and voluntarily consent to the use of my fingerprints and criminal history by Eskaton or any governmental entity for employment and licensing purposes. Further, I authorize any law enforcement agency (federal, state or local) to provide any record or information concerning my criminal history to Eskaton or any governmental entity for such purposes. \_\_\_\_\_ (Initial)

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Eskaton, I am entitled to copies of any such public records obtained by Eskaton unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

**Arbitration:** I agree that all claims by me allegedly arising during the application process and all claims by me arising during my employment (if I am offered and accept employment), including, but not limited to, unlawful discrimination, harassment or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in accordance with procedures adopted by Eskaton after investigation procedures with the Equal Employment Opportunity Commission or the California Department of Fair Employment and Housing are complete. Nothing in this agreement affects my rights or the Company's rights of access to National Labor Relations Board proceedings. I also agree that if any court of competent jurisdiction declares that any part of this Arbitration Agreement is illegal, invalid or unenforceable, such a declaration will not affect the legality, validity or enforceability of the remaining parts of the Agreement, and that illegal, invalid or unenforceable part(s) will no longer be part of this Agreement.

This agreement is a waiver of all rights to civil court actions for termination, unlawful harassment, and/or discrimination. Only the arbitrator, not a judge or jury, will decide the claim or dispute. \_\_\_\_\_ (Initial)

No offer of employment at Eskaton is final until a prospective employee has passed the Company's health screening. A health screening includes laboratory testing of a urine sample from a prospective employee to determine the presence of certain drugs and/or alcohol in the body. You should not rely upon a contingent offer of employment from Eskaton or otherwise engage in any activity based upon a contingent offer of employment. Unless or until a final offer of employment is made, you should not take any action which could result in financial loss if a contingent offer is withdrawn, such as giving notice of intent to terminate current employment, selling real estate, or incurring other costs associated with accepting employment with Eskaton. No such activity should be undertaken until after a health clearance has been received and you have received a final offer of employment from Eskaton. Under no circumstances should you report to work before a health clearance is received. \_\_\_\_\_ (Initial)

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies and I agree to the employment at-will relationship, and agree to be bound by the terms and conditions of employment stated in this application, including arbitration of disputes as set forth above, if I am employed by Eskaton. This application contains all the understandings and agreements between me and Eskaton concerning the nature of my employment, if any, by Eskaton and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and Eskaton. I understand and agree that no person who is either an agent or employee of Eskaton may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Eskaton considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of your application, please reapply.