

**CUMMING HEALTH AND REHAB AND CUMMING SENIOR LIVING
APPLICATION FOR EMPLOYMENT
LICENSED PRACTICAL NURSE**

Date _____ Social Security#: _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Position applied for: _____ Referred by: _____

Shift preferred: _____ Day _____ Evening _____ Night _____ Any

Expected pay: _____

Would you like full-time work? Yes _____ No _____ Part-time Work? Yes _____ No _____

On what date would you be available for work? _____

Have you ever been employed here before? No _____ Yes _____ Dates _____

Do you have a legal right to be employed in the U.S.? Yes _____ (If yes, proof is required) No _____

Are you of legal age to work? Yes _____ No _____ (If under age 18, work permit?) Yes _____ No _____

Are you covered by malpractice insurance? Yes _____ No _____

Insurance Company Name: _____ Policy Number: _____

Do you have any physical limitations that would hinder your work as an L.P.N.? Yes _____ No _____

If YES, please explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

If YES, please explain: _____

Licensing Information:

State	License Number	Expiration Date
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State	License Number	Expiration Date
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State	License Number	Expiration Date
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Have you ever had any disciplinary action against any of your licenses? Yes _____ No _____

If YES, please explain: _____

Certifications: _____

CPR Expiration: _____

Specialty Areas: _____

Education:

Name of Grammar School _____

Name of High School _____

Name of College _____

Degree: _____ Diploma: _____

Graduate School _____

Vocational, or other, training _____

Degree: _____ Diploma: _____

Professional organizations, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

Previous Employers and Addresses:

Place an "x" by the employer(s) you do not want us to contact. List the most recent employer first.

____ 1. Company Name _____ Phone () _____

Address _____

Employed From _____ to _____ Contact Name _____

____ 2. Company Name _____ Phone () _____

Address _____

Employed From _____ to _____ Contact Name _____

____ 3. Company Name _____ Phone () _____

Address _____

Employed From _____ to _____ Contact Name _____

Employment Understanding (Please read and sign)

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

This institution 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 physical or mental disability 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 this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution, at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause.

If employed, I will be required to complete an Employment Verification Form (I-9), a Criminal Background Check, and show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date