



Aspen Skilled Healthcare

APPLICATION FOR EMPLOYMENT

At Aspen Skilled Healthcare, we ensure the care of our clients by striving to hire only the best! Please complete the following application in its entirety (all 4 pages) and print in ink or type. We require every candidate to complete this application, even if he or she is providing a resume. All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, national origin, religion, ancestry, marital status, gender, age, physical or mental handicaps or disabilities, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. If you have a disability that requires an accommodation in the application or interview process, please notify us in advance.

EMPLOYMENT DESIRED

<input type="checkbox"/> Position: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Shift Desired (if applicable):	<input type="checkbox"/> 1 st Shift	<input type="checkbox"/> 2 nd Shift	<input type="checkbox"/> 3 rd Shift ; OR Hours Available: _____
Acceptable Salary Level: _____	If hired, on what date can you start work? _____		
Can you work weekends? Yes No	Can you work overtime? Yes No		

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)
Email Address (REQUIRED): _____
Present Address: _____
(Number and Street)

(City, State, or Zip Code)
Cell Phone () _____ Message Phone: () _____

Best time to contact you at home: _____:_____ am/pm
If under the age of 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire. Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe the functions that cannot be performed: _____
<i>(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)</i>

Do you have any friends or relatives working at this company? Yes No

If yes, list name(s) / position: _____

How did you hear about this position? _____

Why are you applying for work? _____

Do you currently hold a valid professional license or certification? Yes No

If yes, note type(s):

State:

Number:

Expiration Date:

Are you currently attending school?

If yes, where _____

What subject(s) of special study or research work are you pursuing or have you pursued?

WORK EXPERIENCE

Please list all employment for the last ten years. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Reason for Leaving: _____	

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Reason for Leaving: _____	

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
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Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Reason for Leaving: _____	

Comments: Include explanation of any gaps in employment.

EDUCATION

High School

Name: _____ Graduated: Yes No

Address: _____

College

Name: _____ Graduated: Yes No

Address: _____ Major: _____ G.P.A. _____

Other

Name: _____ Graduated: Yes No

Address: _____ Major: _____ G.P.A. _____

REFERENCES

List name and telephone number of three business/work references who are not related to you.

Name: _____ Telephone: () _____ Years Known: _____

Name: _____ Telephone: () _____ Years Known: _____

Name: _____ Telephone: () _____ Years Known: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility on or before the first day of work.

I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. Furthermore, I authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure.

I understand that nothing contained in the application or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the company administrator.

I have read and fully understand the previous statements.

Signature

Printed Name

Date