## **Ryders Health Management**

A Smoke Free/Drug Free Facility / An Equal Opportunity Employer

## **EMPLOYMENT APPLICATION**

(Please print clearly)

PERSONAL DATA		
Last Name	First Name	
Street Address	Home Phone	
City, State, Zip	Cell Phone	
Position Desired	Email Address	
☐ Full Time ☐ Part Time ☐ Days ☐ Evenings ☐ Other	Salary/Compensation Desired	
EDUCATIONAL DATA		
High School	City, State, Zip	
Years Completed	Did you graduate □ Yes □ No	
College	City, State, Zip	
Years Completed	Did you graduate □ Yes □ No	
Major	Degree received	
Other School	City, State, Zip	
Years Completed	Did you graduate □ Yes □ No	
Major	Degree received	
EMPLOYMENT DATA		
Start with your present or last job and include any job related military service assignment be sure to list all former employers.	ents. If you need additional space, please continue on a separate piece of paper. Please	
A. Company Address		
City, State, Zip Phone # ( )		
Position Held Reason for Leaving		
Employed from / / / to / / Supervisor		
Duties Performed		
B. Company Address		
City, State, Zip Phone # ( )		
Position Held Reason for Leaving		
Employed from / / / to / / Supervisor		
Duties Performed		
C. Company Address		
City, State, Zip Phone # ( )		
Position Held Reason for Leaving		
Employed from / / / to / / Supervicer		

CENERAL INFORMATION	Duties Performed		
Are you currently employed?   Yes   No   If no, employment is subject to verification of age and possibly obtaining a work permit.  Are you ace! at the time of employment, to submit verification of your legal right to work in the U.S.?   Yes   No   No   Notice! thinked, you must complete the 1-9 form required by the US immigration and Naturalization Service in later than three (§) business days after your date of hire) has your if tenene to practice your profession ever been suspended or revoked?   Yes   No   No   No   No   No   No   No   N	May we contact your present employer?		
Are you currently employed?   Yes   No   If no, employment is subject to verification of age and possibly obtaining a work permit.  Are you ace! at the time of employment, to submit verification of your legal right to work in the U.S.?   Yes   No   No   Notice! thinked, you must complete the 1-9 form required by the US immigration and Naturalization Service in later than three (§) business days after your date of hire) has your if tenene to practice your profession ever been suspended or revoked?   Yes   No   No   No   No   No   No   No   N	GENERAL INFORMATION		
Are you over 18 years of age?			
Note: If fired, you must complete the 19 form required by the US immigration and Naturalization Service no later than three (3) business days after your date of hire) Its your license for practice your profession ever been suspended or revoked?   Yes			
If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?	(Note: If hired, you must complete the I-9 form required by the US Immigration and Naturalization Service no later than three (3) business days after your date of hire)		
Are you willing to work overtime and be on call?   Yes   No   N/A    No   N/A	yes, please explain:		
How were you referred to us?	If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?  ☐ Yes ☐ No ☐ N/A		
REFERENCES  Give name, address, and telephone number of references who are not related to you and are not previous employers.  A. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  B. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  Complete # ( )  Occupation  City, State, Zip  Phone # ( )  Occupation  Complete # ( )  Occupation  City, State, Zip  Phone # ( )  Occupation  City, State, Zip  City, State, Zip  City, State, Zip  City, State, Zip  City, State	Are you willing to work overtime and be on call?		
Give name, address, and telephone number of references who are not related to you and are not previous employers.  A. Name  Years Acquainted  Address  City, State, Zip  Phone # { } Occupation  B. Name  Years Acquainted  Address  City, State, Zip  Phone # { } Occupation  Address  City, State, Zip  Phone # { } Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # { } Occupation  City, State, Zip  Cocupation  Ci	,		
Give name, address, and telephone number of references who are not related to you and are not previous employers.  A. Name  Years Acquainted  Address  City, State, Zip  Phone # { } Occupation  B. Name  Years Acquainted  Address  City, State, Zip  Phone # ( ) Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( ) Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( ) Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( ) Occupation  Cocupation  Cocupation  Cocupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not didicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  In consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason the option of either Ryders or me. I understand that should be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my mployment at will. I understand that no supervisory, management of any other employee at Ryders has any authority to make a commitment of auranteed or continuing employment to make and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make uch a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Inderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in thirdrawal of a job offer or discipline up to and including termination of employm	REFERENCES		
Address  City, State, Zip  Phone # ( )  Occupation  B. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  Iconsideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or existed and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason the option of either Ryders or me. I understand that should be granted an interview, no representations that may be made at the interview are to econstrued as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my mployment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of uaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make understand that false or misleading information given in my application, resume, interview or during the course of my employment may result in intidrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment that I may be subject to a drug test.  understand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess o			
Phone # ( )  Occupation  Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason the option of either Ryders or me. I understand that should be granted an interview, no representations that may be made at the interview are to econstrued as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my mployment at will. I understand that no supervisory, management or any other employee at Ryders has quathority to make a commitment of uaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make cuch a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  understand that a false or misleading information given in my application, resume, interview or during the course of my employment may result in ithirdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job fifer, I also understand that if I am paid a weekly salary, my salary is	A. Name Years Acquainted		
Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  City, State, Zip  Phone # ( )  Occupation  City, State, Zip  Phone # ( )  Occupation  Cocupation  Cocupation	Address City, State, Zip		
Address  City, State, Zip  Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or existed and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my mployment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of uaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make uch a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Lunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job fifer, I also understand that I may be subject to a drug test.  Lunderstand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours	Phone # ( ) Occupation		
Phone # ( )  Occupation  C. Name  Years Acquainted  Address  City, State, Zip  Phone # ( )  Occupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to econstrued as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my mployment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of uaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make use a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Sunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that a low pate to a drug test.  Sunderstand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours a work week.	B. Name Years Acquainted		
Address  City, State, Zip  Phone # ( )  Occupation  Detertify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the imployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason in the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to econstrued as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my employment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of uaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make use a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Lunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job ffer, I also understand that I may be subject to a drug test.  Lunderstand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours a work week.	Address City, State, Zip		
Address  City, State, Zip  Phone # ( )  Occupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason in the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to econstrued as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my employment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of puranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make such a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Lunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that I may be subject to a drug test.  Lunderstand that I may be subject to a drug test.  Lunderstand that I may be subject to a drug test.  Lunderstand that I may be subject to a drug test.  Lunderstand that I may be subject to a drug test.	Phone # ( ) Occupation		
Phone # ( ) Occupation  Certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to econstrued as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my mployment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of uaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make acreated a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Lunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job ffer, I also understand that I may be subject to a drug test.  Lunderstand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours a work week.	C. Name Years Acquainted		
certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the imployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or existed and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my imployment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of usuranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make use a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Sunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job ffer, I also understand that I may be subject to a drug test.	Address City, State, Zip		
dicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the mployer] (hereafter "Ryders").  It consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or existed and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason it the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my employment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of useranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make such a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Lunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in intithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job ffer, I also understand that I may be subject to a drug test.  Lunderstand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours a work week.	Phone # ( ) Occupation		
evised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my employment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of unaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make unch a guarantee, unless the President of Ryders specifically acknowledges such change in writing.  Sunderstand that false or misleading information given in my application, resume, interview or during the course of my employment may result in intithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job effer, I also understand that I may be subject to a drug test.  Sunderstand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours as work week.	I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Ryders Health Management/[Name of Specific Nursing Home that is the Employer] (hereafter "Ryders").		
ithdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand nat acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job ffer, I also understand that I may be subject to a drug test.  understand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours a work week.	In consideration of my employment, I agree to conform to the policies and procedures of Ryders as they may from time to time be implemented or revised and agree that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Ryders or me. I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Ryders that in any way would limit Ryders's right to terminate my employment at will. I understand that no supervisory, management or any other employee at Ryders has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of Ryders or conduct of anyone at Ryders should be interpreted to make such a guarantee, unless the President of Ryders specifically acknowledges such change in writing.		
a work week.	I understand that false or misleading information given in my application, resume, interview or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test.		
have read, understood and agree to the foregoing	I understand that if I am paid a weekly salary, my salary is intended to compensate me for all hours I worked, including any hours in excess of 40 hours in a work week.		
nave read, understood and agree to the foregoing.	I have read, understood and agree to the foregoing.		
	Name (Please Print) Signature Date		