

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
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Other	Salary/Compensation Desired

EDUCATIONAL DATA	
High School	City, State, Zip
Years Completed	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College	City, State, Zip
Years Completed	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Degree received
Other School	City, State, Zip
Years Completed	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Degree received

EMPLOYMENT DATA	
Start with your present or last job and include any job related military service assignments. If you need additional space, please continue on a separate piece of paper. Please be sure to list all former employers.	
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 / / /	Supervisor

Duties Performed
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No Please identify any exceptions and reason for not contacting.

GENERAL INFORMATION

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, employment is subject to verification of age and possibly obtaining a work permit.
Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(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)</small>
Has your license to practice your profession ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you willing to work overtime and be on call? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> State Job Service <input type="checkbox"/> Academic Referral <input type="checkbox"/> Employment Agency <input type="checkbox"/> Personal Referral <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____

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

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").

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.

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.

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.

I have read, understood and agree to the foregoing.

Name (Please Print) _____ Signature _____
 Date _____