

# Application for Employment



Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department. Please read and answer completely and accurately. Misrepresentations on this form may result in termination of employment.

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Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street/Apt. City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

If you are under 18, can you furnish a work permit? Yes No  
Have you ever been employed here before? Yes No  
Are you legally authorized to work in this country? Yes No

Date available for work: \_\_\_\_\_

Type of employment desired Full-Time Part-Time Temporary

Are you able to meet the attendance requirements of the position? Yes No  
Have you ever been convicted of a crime that has not been expunged or sealed? Yes No

*Such conviction may be relevant if job-related, but does not necessarily bar you from employment.*

If yes, please explain \_\_\_\_\_

Driver's license number (Only if job applied for requires use of automobile in daily tasks)  
\_\_\_\_\_ State \_\_\_\_\_

Do you have any friendship/acquaintances or relatives working for Canterbury Court (Answering "Yes" will not automatically disqualify you from employment).

No Yes: Name(s): \_\_\_\_\_ Department: \_\_\_\_\_

Referred to Canterbury by: \_\_\_\_\_

## Previous Employment

Please list your last four employers, assignments or volunteer activities, starting with the most recent, including military experience. This must be completed: an attached resume is welcome but does not replace or modify the requirement to complete this application.

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From Month/Year	To: Month/Year	Employer	Telephone
Job Title	Address		City, State, Zip Code
Immediate Supervisor & Title	Brief summary of work performed & job responsibilities		
	Full-Time	Part-Time	Per Diem Temporary
Reason for leaving	Starting \$ _____ per _____	Ending \$ _____ per _____	
	Hourly rate/salary	Hourly rate/salary	

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## Skills & Qualifications

Summarize any training, skills, certificates, and/or characteristics of yourself that may qualify you as being able to perform functions for the position(s) which you are applying.

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## Licenses

List all or any health care licenses you have had or currently possess. Describe on backside reasons why a license is no longer active.

License Title & State Issued	License #	Date of Issue	Date of Expiration			
_____	_____	_____	_____	Is the license active?	Yes	No
_____	_____	_____	_____	Is the license active?	Yes	No

(List additional licensures on backside)

## Educational Background

_____	_____	Graduate?	Yes	No	
High School (Name, Location)	Years Completed				
_____	_____	Graduate?	Yes	No	_____
College (Name, Location)	Years Completed				Major/Degree
_____	_____	Graduate?	Yes	No	_____
Other i.e. Trade School (Name, Location)	Years Completed				Certification

## References

_____	_____	_____
Name	Telephone	Years Known
_____	_____	_____
Name	Telephone	Years Known
_____	_____	_____
Name	Telephone	Years Known

I attest to the truth and accuracy of all information I have provided on this application and it is understood and agreed that any misrepresentation by me or omissions of fact on this application will be sufficient cause for rejection of my application and/or termination of my employment, if I have become employed.

I give the corporation the right to investigate all references and to secure additional information about me, if job-related. I hereby release the corporation and its representatives from any liability for seeking such information, as well as all other persons, corporations or organizations for furnishing such information to the corporation.

The corporation is an equal opportunity employer and will not base hiring on race, sex, national origin, religion, disability, age, or any other protected characteristic under applicable local, state, or federal laws. The corporation does not discriminate in employment and no question on this application is used or intended to be used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by applicable local, state or federal law.

The corporation is a "Drug-Free Workplace" and it is understood that all offers of employment are conditional. The corporation requires all eligible applicants to participate in a pre-employment drug-testing program. An application will not be processed further unless the eligible applicant agrees to participate in the test. Failure to complete, sign and date the Consent & Release Form will disqualify me from any consideration for employment.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that the corporation is an "employer at-will" and that if I become employed by the corporation just as I will be free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the corporation has the authority to make any assurance to the contrary.

I understand it is this corporation's policy not to refuse to hire a qualified individual with a disability because of a person's need for an accommodation that would be required by the ADA.

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