



APPLICATION FOR EMPLOYMENT - PAGE 1

At Mira Vista Care Center, we ensure the care of our patients 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 you are 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 disability, sexual orientation, or any other consideration made unlawful by federal, state or local laws. If you have a disability, which requires an accommodation in the application or interview process, please notify us in advance.

EMPLOYMENT DESIRED

Position _____ Full Time ___ Part Time ___ Temporary ___
Shift Desired (if applicable) 1st Shift ___ 2nd Shift ___ 3rd 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

First Name _____ Middle _____ Last Name _____
Present Address - Street Address _____ City _____ State ___ Zip _____
Home Phone _____ Cell Phone _____ Best number to reach you _____
Best time to contact you at home is _____

(1) If you are under the age of 18, can you furnish a work permit? Yes ___ No ___

(2) 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. Yes ___ No ___





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(3) Have you ever been convicted by any court of a criminal offense, felony or serious misdemeanor? Yes ___ No ___

If yes, state the nature of the crime(s), when and where you were convicted and disposition of the case? _____

(Note: No application will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

(4) Are you able to perform the essential functions of the job? Yes ___ No ___

If no, please describe the functions that cannot be performed. _____

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applications to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)

(5) Do you have any friends or relative working at this company? Yes ___ No ___
If yes, list name(s) / position(s) _____

(6) How did you hear about this position? _____

(7) Why are you applying for work? _____

(8) Do you currently hold a professional license or certification? Yes ___ No ___

If yes, please note type including State, Number and Expiration Date: _____

(9) Are you currently attending school? Yes ___ No ___

If yes, where? _____

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





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WORK EXPERIENCE

Please list all employment for the last 7 years. Begin with your most recent employment.

Employer _____ Job Title _____
Address _____
Supervisor's Name and Title _____ May we contact Yes ___ No ___
Dates of Employment From _____ To _____
Hourly Rate/Salary Starting _____ Final _____
Reason for Leaving _____
Description of work performed _____

Employer _____ Job Title _____
Address _____
Supervisor's Name and Title _____ May we contact Yes ___ No ___
Dates of Employment From _____ To _____
Hourly Rate/Salary Starting _____ Final _____
Reason for Leaving _____
Description of work performed _____

Employer _____ Job Title _____
Address _____
Supervisor's Name and Title _____ May we contact Yes ___ No ___
Dates of Employment From _____ To _____
Hourly Rate/Salary Starting _____ Final _____
Reason for Leaving _____
Description of work performed _____



Please explain any gaps of employment.

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EDUCATION

HIGH SCHOOL

Name _____ Graduated Yes ___ No ___
Address _____ Major _____ GPA _____

COLLEGE

Name _____ Graduated Yes ___ No ___
Address _____ Major _____ GPA _____

OTHER

Name _____ Graduated Yes ___ No ___
Address _____ Major _____ GPA _____

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 _____





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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 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.

Initials _____

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.

Initials _____

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, 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 disclosures.

Initials _____

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.

Add Initials Here for Signature

Printed Name

Date

