

LIBERTY HEALTH CARE CORPORATION

EMPLOYMENT APPLICATION

Liberty Health Care Corporation makes all personnel decisions, including hiring, on job related factors such as skill, ability, availability, licensure, reliability, and productivity. Liberty Health Care Corporation does not discriminate on the basis of age, race, sex, color, creed, national origin or disability. We are a drug-free workplace.

Instructions: Complete all sections of this application. Only originals of this form completed on the premises will be accepted. [Applications are considered for a sixty (60) day period and only for positions identified as desired. If you wish to be considered after sixty (60) days from the date of your application, please reapply.] Do not fill in shaded areas. Please do not include information not relevant to your ability to perform the work, such as political affiliations, age, race, sex, national origin, or non-job related disability, union affiliation and the like or your application will not be considered.

PERSONAL INFORMATION					
Name	Last	First	Middle		
Current Address	Street				
	City	State	Zip	Years at This Address	
Phone	Home	Work	Cell		
Previous Address	Street				
	City	State	Zip	Years at This Address	
Social Security Number		E-Mail Address			
Are you a U.S. citizen, lawful permanent resident or otherwise authorized to work in the U.S. without restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No You must provide proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.					
TYPE OF EMPLOYMENT DESIRED					
Position(s)	1	2			
Availability	If offered a job, when could you begin?				Date: _____
Salary	What is the approximate salary you expect to be paid? \$ _____ per _____				
Hours	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Nights	<input type="checkbox"/> Rotate	<input type="checkbox"/> Weekends
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call	
EDUCATION AND LICENSURE					
Dates requested in this section will be used only to verify the accuracy of education and licensure information					
High School	Name	City	State		
	Did you graduate or have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Final Grade Point Average (GPA) _____				
Technical School	Name	City	State		
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree or Area of Study		
	GPA _____				
College Undergraduate	Name	City	State		
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	Year	Major
	GPA _____				
College Postgraduate	Name	City	State		
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	Year	Major
	GPA _____				

License (If more than one, please complete Supplemental Information Form)	If you have any license related to the job you are seeking, please indicate:			
	Type	State	Year	Number
	Is your license current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verified by	
	Is your license restricted in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verified by	

Certification (If more than one, please complete Supplemental Information Form)	If you have any certificate(s) related to the job you are seeking, please indicate:			
	Type	State	Year	Number
	Is your certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Verified by	

Professional and job-related organizations of which a member:	_____

SKILLS
Please list any of your skills that may be useful in evaluating you for a position

Computer Skills	Some jobs in our operation require the use of computers. List types of computers or software that you have used. Give some indication of your skill level.
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Languages	Some of our clients may speak languages other than English. If you speak more than one language please list below and tell how well you speak and understand it.
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Office Skills	If the job you are applying for requires the use of office skills, list your skills and how well you perform them. For example if you type, list "typing" and how many words per minute you type.
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Technical Skills	If you have technical skills that are not evident from your schooling or previous employment, please list below.
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Other Skills	If you have other skills that are not evident from your schooling or previous employment, please list below.
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With reference to the job description for the position for which you are applying, will you be able to perform the essential functions described therein with or without a reasonable accommodation? Yes No

REFERENCES

Please list three people we may contact as a reference. Do not list relatives, clergy or former employers

Name	Occupation	Address	Phone Day Night	Contacted by
Name	Occupation	Address	Phone Day Night	Contacted by
Name	Occupation	Address	Phone Day Night	Contacted by

EXPERIENCE

Are you currently employed? Yes No

If Yes, please give the name and address of your current employer. _____

May we contact your current employer? Yes No

(If No, explain on Supplemental Information Form)

Have you ever served in the Armed Forces of the United States? Yes No

If Yes, state: Branch _____ Date entered _____ Dated discharged _____

Rank or Rate _____ Service schools or special experience _____

Reserve or National Guard status _____

Have you ever been fired, involuntarily terminated, or asked to resign from a job? Yes No

(If Yes, explain on Supplemental Information Form)

Are you at least 18 years old?

Yes No

Is there any reason you may not be able to work on a regular basis or report to work on time? Yes No

List your experience since high school. Do not leave any gaps. List current situation first. If necessary, attach additional sheets. Please include periods of unemployment. This section must be completed even if you submit a resume.

DATES (MONTH AND YEAR)	EMPLOYER OR SCHOOL, ADDRESS AND POSITION	MAJOR JOB DUTIES	SUPERVISOR'S NAME, TITLE AND PHONE NUMBER; GIVE REASON FOR LEAVING AND STARTING AND ENDING PAY
FROM: _____ TO: _____ Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: _____	Employer (or School) _____ Address _____ _____ City, State _____ _____ Position _____		Last Supervisor _____ _____ Title _____ Phone _____ Start Pay _____ End Pay _____ Reason for leaving: _____
FROM: _____ TO: _____ Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: _____	Employer (or School) _____ Address _____ _____ City, State _____ _____ Position _____		Last Supervisor _____ _____ Title _____ Phone _____ Start Pay _____ End Pay _____ Reason for leaving: _____
FROM: _____ TO: _____ Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: _____	Employer (or School) _____ Address _____ _____ City, State _____ _____ Position _____		Last Supervisor _____ _____ Title _____ Phone _____ Start Pay _____ End Pay _____ Reason for leaving: _____
FROM: _____ TO: _____	Employer (or School) _____ Address _____		Last Supervisor _____ _____ Title _____

FROM:	_____		Phone _____
TO:	City, State		Start Pay _____
Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other:	Position _____		End Pay _____
			Reason for leaving:
DATES (MONTH AND YEAR)	EMPLOYER OR SCHOOL, ADDRESS AND POSITION	MAJOR JOB DUTIES	SUPERVISOR'S NAME, TITLE AND PHONE NUMBER; GIVE REASON FOR LEAVING AND STARTING AND ENDING PAY
FROM:	Employer (or School)		Last Supervisor _____
TO:	Address		Title _____
Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other:	City, State _____		Phone _____
	Position _____		Start Pay _____
			End Pay _____
			Reason for leaving:
Have you ever applied for work with us or our affiliated organizations before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when? _____			
Have you ever worked for us or any of our affiliated organizations before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when? _____			
How were you referred to us?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employment Agency	
	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Walk-In	_____	

Complete this section only if you have ever been convicted of a felony or misdemeanor.

List every felony conviction with date and jurisdiction. List all other convictions involving assault, arson, unlawful restraint, burglary, robbery, forgery, and any other convictions for offenses against persons or property. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions requested above are properly reported. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. List any circumstances that you believe should be considered. If you have any questions as to whether a conviction should be listed, please obtain clarification from human resources before submitting this Application.

If any information relevant or responsive to a request by this Application may be under any name other than listed on the first page of this Application, please indicate: _____

PLEASE READ AND ACKNOWLEDGE THE FOLLOWING STATEMENT BY INITIALING AFTER EACH PARAGRAPH AND SIGNING BELOW

My signature and initials below indicate that I have read, understand and agree to the following:
(PLEASE INITIAL EACH PARAGRAPH)

I have provided true and complete information in this application. Incomplete or false information, whenever discovered, may terminate my employment or consideration for employment. _____

I authorize Liberty Health Care Corporation to verify my suitability for employment and the information provided in this application with any person or organization listed in this application, including, but not limited to, criminal and credit history and motor vehicle driving records. _____

In exchange for Liberty Health Care Corporation's consideration of this application, I release Liberty Health Care Corporation and any persons, employers or organizations listed in this application from all claims or liability for providing information or opinions to Liberty Health Care Corporation. _____

If I am offered employment at Liberty Health Care Corporation, it may be conditioned upon passing a complete medical examination. I consent to such a medical examination including all tests believed by Liberty Health Care Corporation to be helpful in evaluating my suitability for employment. _____

I understand that if I sustain an injury or illness in the employment of Liberty Health Care Corporation that Liberty Health Care Corporation shall be entitled to receive reports and records of medical and related examinations and treatment. _____

I understand that use of illegal drugs and/or abuse of controlled substances is prohibited during employment. _____

I may be required to pass a drug screening exam. I consent to pre and/or post employment drug screening. _____

I understand that I will be required to possess a valid and current applicable state driver's license if my position requires me to drive in the course of my work. _____

Neither this application nor subsequent employment creates a contract or a guaranty of employment for any period of time. Employment at Liberty Health Care Corporation continues only as long as both I and Liberty Health Care Corporation desire. Any modification of this arrangement must be in writing signed by the President of Liberty Health Care Corporation. _____

[This application shall remain active for sixty (60) days from today's date. _____]
-- OR --

[I understand that this application is only valid for the position applied for at present and that Liberty Health Care Corporation is not obligated to consider this application for future openings. _____]

[Acknowledgment of mandatory arbitration of employment disputes if such a program is in place. _____]

Regardless of my starting work schedule, I may be asked to work different shifts, weekends, and holidays. A refusal to do such work may result in my dismissal. My position with Liberty Health Care Corporation is my primary job. Schedule conflicts or continued unavailability to work may lead to discipline including termination. _____

I understand that Liberty Health Care Corporation's acceptance does not constitute an offer of employment and that my application may or may not be accepted by Liberty Health Care Corporation at its discretion. _____

No representative of Liberty Health Care Corporation has made any representations or promises regarding my employment. _____

If employed, I will follow all of Liberty Health Care Corporation's policies. My failure to do so could result in dismissal. _____

Date: _____ Signature: _____

**AUTHORIZATION TO PROVIDE INFORMATION
AND RELEASE OF PROVIDERS**

I authorize all my previous employers, educational institutions, or personal references to provide Liberty Health Care Corporation information regarding my personal character, habits, or employment records, including salary history. I hereby release Liberty Health Care Corporation and any and all persons or organizations contacted by Liberty Health Care Corporation from all claims or causes of action arising out of the release of information to Liberty Health Care Corporation verification of the information I have provided in this Application. I authorize Liberty Health Care Corporation to use copies of this Release of Providers.

Print Name

Signature

Date