

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer	Telephone	Dates Employed		Work performed
()		From	To	
Address				
Job title	Hourly rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving				
Employer	Telephone	Dates Employed		Work performed
()		From	To	
Address				
Job title	Hourly rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving				

If additional space is needed, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Witness

AN EQUAL OPPORTUNITY EMPLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.

ihca072010

Confidential Reference Inquiry Form

(Applicant please complete the following and reference information)

I have applied for employment at Grandview Heights Rehab and Healthcare. I authorize you to release all information requested below by GVH, including information concerning my character, habits, and reason(s) for leaving your company. The following may help in identifying my records.

Name: _____ Social Security Number: _____

Position: _____ Employed From: _____ to: _____

Applicants Signature: _____ Date: _____

Reference 1

Company Name: _____ Supervisor Name: _____

Company Address: _____ Phone: _____

Office Use Only Do Not Complete	Excellent	Good	Standard	Fair	Poor
Job Performance					
Attendance					
Quality of Work					
Ability to Work with Others					
	Yes	No			
Rehire able					

Reference 2

Company Name: _____ Supervisor Name: _____

Company Address: _____ Phone: _____

Office Use Only Do Not Complete	Excellent	Good	Standard	Fair	Poor
Job Performance					
Attendance					
Quality of Work					
Ability to Work with Others					
	Yes	No			
Rehire able					