



601 N. Boeke Road
Evansville, IN 47711
Phone: 812-476-4912
Fax: 812-474-4442

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment at The Good Samaritan Home. Please provide all the information requested to assure that your qualifications are fairly considered for current or future staffing needs. All qualified applicants will receive consideration without discrimination because of sex, race, color, religion, creed, national origin, or the presence of disabilities. The submission of this application does not automatically result in an interview appointment or employment offer.

(PLEASE PRINT ALL REQUIRED INFORMATION)

DATE _____

POSITION DESIRED _____

Last Name _____ First _____ Middle _____

Present Address _____
Street _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Phone Number _____ / _____ / _____
Alternate Phone Number _____ / _____ / _____
Social Security Number _____ / _____ / _____

TYPE OF EMPLOYMENT DESIRED _____ Full time _____ Part time _____ Temporary _____ Summer

SHIFTS AVAILABLE _____ Days _____ Evenings _____ Nights _____ Week-ends _____ Holidays

WHAT PROMPTED YOUR APPLICATION?

____ Newspaper Ad ____ Agency ____ Job Fair ____ Mailing ____ School ____ Walk-In
____ Employee Referral (If referred by an employee, please list their name) _____

Have you been employed at the Good Samaritan Home previously? _____

If Yes, in what position: _____

Dates of prior employment: From: _____ To: _____

Please list name and relationship of relatives employed at The Good Samaritan Home. _____

Are you 18 years of age or older? Yes No (You must show proof of age upon employment)

Do you have a legal right to work in the US? Yes No (Proof of eligibility is required upon employment)

Have you been convicted of a felony or a drug related misdemeanor within the last 7 years? Yes No

Have you ever been convicted of a crime against a dependent population? Yes No

If yes, please explain: _____

(Conviction of a crime does not automatically prevent you from being employed. All circumstances will be considered.)

EDUCATION

School	Name and Address	Years Attended	Highest Grade Completed	Course of Study	Graduate	Degree
Elementary		From To	5 6 7 8		Yes No	
High School		From To	1 2 3 4		Yes No	
College		From To	1 2 3 4		Yes No	
Vocational		From To	1 2 3 4		Yes No	
Other		From To	1 2 3 4		Yes No	

Are you attending school now? Yes No Course of study? _____ Where? _____

PROFESSIONAL LICENSE, REGISTRY, CERTIFICATION

Type of License or Certification	Issuing State or Organization	Number	Expiration Date

If you are not registered, licensed, or certified, are you registry eligible? Yes No
 When will you sit for your examination? Date _____

SPECIAL SKILLS

Personal Computer; Model/Make _____ Typing _____ WPM
 Computer Languages: _____ Medical Terminology _____
 Programs Used _____
 Other Special Skills _____

ADDITIONAL INFORMATION

Please include any additional information that you think would be applicable: e.g. memberships in professional organizations, additional relevant employment, military service, and explanation of any gaps in employment.

Please list your job history for the past ten years or your last four employers, starting with your present job or most recent employment. Please note any time you were in the military or periods in which you were not employed in the additional information section. If you require additional space, please use a separate sheet of paper.

EMPLOYMENT HISTORY

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER Name _____ Address _____	IMMEDIATE SUPERVISOR Name _____ Phone No. _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO (MONTH/YEAR)	_____	_____
POSITION TITLE _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER Name _____ Address _____	IMMEDIATE SUPERVISOR Name _____ Phone No. _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO (MONTH/YEAR)	_____	_____
POSITION TITLE _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER Name _____ Address _____	IMMEDIATE SUPERVISOR Name _____ Phone No. _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO (MONTH/YEAR)	_____	_____
POSITION TITLE _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER Name _____ Address _____	IMMEDIATE SUPERVISOR Name _____ Phone No. _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO (MONTH/YEAR)	_____	_____
POSITION TITLE _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
REASON FOR LEAVING _____		

PERSONAL REFERENCES

List any individuals who can attest to your professional abilities & work ethic. Please do not list former Employers or relatives.

Name _____ Home Phone _____
 Address _____ Work Phone _____
 Occupation _____ Years Known _____

Name _____ Home Phone _____
 Address _____ Work Phone _____
 Occupation _____ Years Known _____

Name _____ Home Phone _____
 Address _____ Work Phone _____
 Occupation _____ Years Known _____

READ CAREFULLY BEFORE SIGNING

- I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is ground for refusal to hire, or if hired, dismissal.
- I authorize The Good Samaritan Home to request and receive information concerning me from any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having knowledge about me.
- Further, I release from liability and hold harmless all persons and corporations supplying this information to The Good Samaritan Home and/or it's agents.
- I agree to have a post offer employment physical examination and a urine drug screen as required for the position for which I have applied and I understand that any offer of employment is contingent upon results of said screening and examination.
- This certification authorization and agreement will serve as a release of any and all information and for this purpose a photo copy shall be considered an original and valid.
- I have read and fully understand the contents of this certification, authorization and agreement.

SIGNATURE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

DATE OF MANTOUX	DATE OF PHYSICAL	ORIENTATION/START DATE	AGREED HOURS PER PAY
DEPARTMENT NAME	DEPARTMENT NUMBER	JOB CLASSIFICATION	ASSIGNED SHIFT
PERMANENT	TEMPORARY	SALARY (per hour/week, month, year) \$ _____	Hourly _____ Salaried Exempt _____

Department Director/Manager

Date

Applicant _____

Address _____

Social Security Number ____/____/____

I authorize the facility/institution named below to release all information requested on this confidential reference request. I also authorize The Good Samaritan Home to request and receive reports and information concerning me, including, but not limited to military, employment and education. I hereby release The Good Samaritan Home and these parties from any and all liability and responsibility arising out of the release request, or use of such reports and information.

Signature _____

Date _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

The above named applicant had indicated that he/she was previously employed by you or is using you for a personal reference. Your evaluation of him/her will be sincerely appreciated and will be held in confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending.

Date _____

Signature _____

Title _____

Name of Employer _____

Dates of Employment: From _____ To _____

Position or Title: _____

Reason for leaving: _____ Eligible for Rehire? _____

If not, please comment: _____

Quality of Work	___Excellent	___Good	___Adequate	___Poor
Quantity of Work	___Excellent	___Good	___Adequate	___Poor
Attendance	___Excellent	___Good	___Adequate	___Poor
Cooperation	___Excellent	___Good	___Adequate	___Poor
Initiative	___Excellent	___Good	___Adequate	___Poor

Other comments (your remarks are the most important part of this questionnaire): _____

Company Name & Address

Completed by:
 Name _____
 Title _____
 Date _____