



First Atlantic HealthCare

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations to enable all individuals to participate in the application process will be provided upon advance request. Employment is conditioned upon the successful completion of a Criminal Background and License/Certification Check. If Hired, All Employees must be able to provide a valid form of Photo Identification (i.e. Driver's License, Passport, Student ID, SS Card, Proof of citizenship or immigration status, etc.)

Thank you for your interest in our Healthcare Organization.

Please Print

Position(s) applying for	Date of Application		
How did you learn about us?			
Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Contact Number	Email Address		
Other Known Names (if applicable): <hr/>			

If you are under 16 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If Yes, Date	Yes	No
Have you been employed before with us or any FAH affiliated company? If Yes, Facility Date	Yes	No
Are you currently employed?	Yes	No
May we contact your current employer?	Yes	No
Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility).	Yes	No
On what date would you be available for work?		
Are you available for: Full Time Part Time Shift Work Temporary (Temp Dates)		
Can you travel if the job requires it?	Yes	No
Are you excluded from participating in any State or Federal health Program?	Yes	No
Have you ever been a subject of or party to a State or Federal Fraud or Abuse investigation? If Yes, Explain:	Yes	No
Have you had a finding entered into the State Nurses Aide registry concerning abuse, neglect, or mistreatment of Residents or misappropriation of their property? If Yes, Explain:	Yes	No



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Education

Institute	Name & Address	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate/College				
Graduate/Professional				
Other (Specify)				

Indicate any foreign languages you can speak/read or write: _____

Describe any specialized training, licenses, certifications, apprenticeship, skills and extra-curricular activities you have had.

Summarize special-job related skills and qualifications acquired from employment or other experience you have

Specialized Skills

Microsoft Office (Excel, Word, etc.) Office Equipment Customer Service Phone Systems
 Mechanical Lifts Electronic Charting _____
 _____ _____



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Employment Experience Please start with your present or last job.

1. Employer Name	Job Title	Dates To - From	
Employer Address			
Supervisors Name		Employer Phone	
Work Performed		Reason for Leaving	
2. Employer Name	Job Title	Dates To - From	
Employer Address			
Supervisors Name		Employer Phone	
Work Performed		Reason for Leaving	
3. Employer Name	Job Title	Dates To - From	
Employer Address			
Supervisors Name		Employer Phone	
Work Performed		Reason for Leaving	
4. Employer Name	Job Title	Dates To - From	
Employer Address			
Supervisors Name		Employer Phone	
Work Performed		Reason for Leaving	

References

First & Last Name	Contact Number	Affiliation?	How long?
<i>EXAMPLE(s): Jane Doe Fred Flintstone</i>	207-123-4569 207-456-7891	Supervisor Friend	2 Yrs 7 Yrs
1.			
2.			
3.			



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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I do hereby authorize all my previous employers or references to furnish any information concerning my personal character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

This application for employment shall be considered active for a period of time not to exceed 45 days (but will be retained for one year). Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that false or misleading information or omissions given in my application or interview (s) may result in a decision not to hire me, or immediate discharge if discovered after I am hired. I understand, also that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

<u>FOR PERSONNEL DEPARTMENT USE ONLY</u>			
Date	Interviewer		
Remarks			
Employed	Yes	No	Date of Employment
Department		Job Title	Hourly Rate/Salary
By			Date