



EvershineCARE 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, or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address (#)	Street	City State Zip Code
Home Phone #	Other Phone #	Social Security Number — — —

Type of employment desired: _____ Full Time _____ Part Time _____ Temporary

On which date would you be available to begin work? _____

How many hours would you be available to work? _____

On which day (s) of the week would you be available to work? (Check as many as possible):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

What is your desired salary range? _____

Are you of legal age (age 18 years & above) to work in the United States of America?

_____ Yes _____ No

Are you legally eligible for employment in the United States of America? ___ Yes ___ No

If Yes, are you a ___ Citizen or ___ Legal Resident? (give A# _____)

Referral Source: (How did you learn of the agency?)

_____ Advertisement _____ Relation _____ Friend _____ Walk-in _____ School

_____ Employment Agency _____ Our Employee _____ Other

Name of Referral Source: _____

Employment History:

List your last three employers, beginning with the current or most recent. Please answer all questions specifically and completely. A résumé cannot suffice for this information

(A)

Employer: _____
Address: _____
Phone #: _____
Supervisor's Name: _____ Title: _____
Your Job Title: _____ Date Employed: From _____ To _____
Starting Salary: _____ Ending Salary: _____
Reason for leaving: _____ Are you eligible to be rehired? ___ Yes ___ No
May we contact for reference? ___ Yes ___ No. If No, state reason: _____

Main Responsibilities/Duties :

(B)

Employer: _____

Address: _____

Phone #: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Date Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____ Are you eligible to be rehired? ___ Yes ___ No

May we contact for reference? ___ Yes ___ No. If No, state reason: _____

Main Responsibilities/Duties :

(C)

Employer: _____

Address: _____

Phone #: _____

Supervisor's Name: _____ Title: _____

Your Job Title: _____ Date Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____ Are you eligible to be rehired? ___Yes ___No

May we contact for reference? ___Yes___No. If No, state reason: _____

Main Responsibilities/Duties :

Have you been discharged or forced to resign from any position in the last 5 years? ___Yes ___No

If Yes, please explain: _____

Educational Background:

NAME, CITY & STATE	# OF YEARS ATTENDED	DEGREE RECEIVED
<i>HIGH SCHOOL:</i>		
<i>COLLEGE:</i>		
<i>NURSING SCHOOL:</i>		
<i>SPECIAL TRAINING:</i>		

Summarize any training, skill, licenses or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: _____

Can you drive if the position requires it? ____ Yes ____ No

Do you have a valid New Mexico Driver's License? ____ Yes ____ No

If Yes, License #: _____ Expiration Date: _____

Has your Driver's License ever been suspended? ____ Yes ____ No

If Yes, please explain: _____

Character References:

Name	Address	Occupation	Phone #
1)			()
2)			()
3)			()

Part II

IMPORTANT INFORMATION FOR YOU

Please read the following application statements carefully:

1. About Information On This Application:

I certify that the information on this application is true and correct. I understand that any false statements; misrepresentations or omissions of facts on the application or during an interview may result in the rejection of my application or termination from the agency (THE AGENCY), if I become employed. I understand that THE AGENCY does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

2. About Investigations and Information from Current and Former Employers and/or Personal References:

I authorize the agency to investigate all of the statements contained in this application in order to establish my qualifications for employment. I also authorize THE AGENCY to inquire of and receive information from my current and former employers and/or personal references as to my character and ability. I equally agree and hold THE AGENCY and her agents, or THE AGENCY' representatives and my current and former employers and/or personal references harmless from any claims or damages resulting from transmittal, receipt or use of any of the information described above.

3. About Drug Screening:

I consent to take a urine drug screen as required for employment purposes and such future drug/alcohol screens that will be required by the agency.

4. About Health Fitness:

I agree to submit to the agency on accepting employment, results of recent TB/PPD, Hepatitis B and HIV/AIDS tests, Chest X-ray and Physical Examination. This is to determine your health fitness for the post applied for.

5. About Investigative Consumer Report:

I further consent to the obtaining of investigative consumer reports on which THE AGENCY may condition employment. These consumer reports may include, criminal history or arrest records, motor vehicle records, military records or other sources of information. (I understand that if a consumer investigative report is requested, I have the right, under the Fair Credit Reporting Act, to request in writing, within a reasonable time, complete and accurate disclosure of the nature and scope of the investigation).

6. About Proof of Meeting minimum Age Requirements and The Right To Work in the USA:

I agree to provide proof of meeting minimum age requirements of applicable laws and submit proof of my true age if I am hired. I also consent, if hired, to provide proof of the right to work in the United States as required by Federal Immigration Laws under the Immigration Reform and Control Act of 1986.

7. About At-Will Employment:

I agree, if employed, to conform to the guidelines and policies of the agency, whenever adopted or changed by THE AGENCY and that those guidelines and policies do not constitute an employment contract. I further agree that if I accept a position with THE AGENCY, my employment will be for an unspecified term and may be terminated at the will of either THE AGENCY or myself, with or without notice. No words or actions of THE AGENCY will be deemed to create any express or implied contract of employment or require that THE AGENCY has good cause for terminating my employment.

This at-will agreement will remain in effect throughout the duration of my employment with THE AGENCY. Your signature is required below in order to be considered for employment.

I certify that I have read, fully understood and accept all of the terms of this application for employment statement.

Applicant's Signature: _____ **Date:** _____

Employment Reference Verification

Name: _____ Date: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip Code: _____

The person named below has applied for a position with the agency and has named you as a reference. Please complete the relevant information below and return this form to us. Thank you.

Applicant's Name: _____ **Social Security#:** _____

PREVIOUS EMPLOYER (Please verify or correct the information below)

1) Applicant's position with you: _____

2) Date of employment: From: _____ To: _____

3) Main job/duties: _____

4) Reason for leaving: () Resigned () Dismissed () Laid off () Other

5) Please rate this person on: * Attendance - () Acceptable, () Unacceptable
* Work Performance - () Acceptable, () Unacceptable

6) Would you re-employ this person? () Yes () No

7) Completed by: Name: _____
Position: _____
Signature: _____ Date: _____

EDUCATIONAL/TRAINING INSTITUTION: _____

1) The person identified above states that he/she attended your institution: () Yes () No

If Yes, when? From: _____ To: _____

2) Did he/she graduate? () Yes () No. If Yes, when? (Date) _____

3) Degree/Certificate/License awarded: _____

4) Completed by: Name: _____
Position: _____
Signature: _____ Date: _____

I authorize the Employer/Educational Institution noted above to supply the information requested. I release the respondent and the organization from liability in answering the items correctly and in details.

Applicant's Signature: _____ **Date:** _____

Internal Use

Results: _____

Phone Check By: _____ Signature: _____ Date: _____

Hepatitis B Vaccination Declination Form

Please complete the appropriate section below. The agency will maintain a copy in your employment chart and provide you with a copy of this form. This will initiate request for vaccination or document declination of the Hepatitis B vaccine. Records will be retained for the duration of employment.

In accordance with the OSHA Bloodborne Pathogen Standards, the agency will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure to blood and other potentially infectious materials. The agency will provide the vaccination series at no charge to the employee. All employees who qualify for vaccination have the option to accept or decline.

STAFF NAME: _____

STAFF ID: _____

DEPARTMENT: _____

JOB TITLE: _____

PHONE NUMBER: _____

_____ Check here if you have been immunized

_____ Date immunization received

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupation exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me by contacting the agency's main office.

Employee's Signature _____ Date: _____