



Nationwide Health Management, LLC
Where Your Health Is Our First Priority!

EMPLOYMENT APPLICATION

This facility is committed to the provision of equal employment opportunities to its applicants regardless of race, color, religion, national origin, ancestry, age, sex, marital status, sexual orientation, disability or unfavorable discharge from military service. This application is intended to allow you to provide our organization with information from which your suitability for the position(s) for which you are applying can be determined.

Date of Application ____/____/____

Name _____
(Last) (First) (Middle I.)

Address _____
(Street) (City) (State) (Zip Code)

Social Security Number ____/____/____ Home phone Number: _____

Cell phone number: _____

Position Applied for _____

Are you 18 years of age or older? _____ Yes _____ No

If under 18, can you, after employment, submit a work permit? _____ Yes _____ No

If hired, would you have reliable transportation to and from the work site? _____

How did you hear about us? Advertisement _____ Employment Agency _____

Friend/Relative _____ Employee _____ Other _____

For checking prior work/education records, list all names you have been known by:

1 _____ 3 _____
 2 _____ 4 _____

Educational Background:	Name Location of School	Course of Study	Years Completed	Degree/ Diploma
High School (or GED equivalent)				
College(s)				
Business /Trade /Technical				
List the languages you speak other than English: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____				
Licenses, Registration, and Certificates (Be sure to include any valid drivers license or commercial drivers license if required of job.)				
License/Certification Issued By	Field/Trade/ Specialization	License / Certification #	Expires	

Are you legally qualified to work in the United States? _____ Yes _____ No

Are you available to work: _____ Part Time _____ Temporary _____

Per Need _____ or on call _____

Are you available to work on weekends? _____ Yes _____ No

If hired, on what date would you be available for work? _____

Salary desired _____

Which days/times are you **not** available to work? _____

Do you have any limitations on your ability to perform job-related functions of the position for which you are applying? ____ Yes ____ No

If yes, describe the conditions and the nature of your work limitations:

Do you require any physical accommodations as required by the Americans With Disability Act?
Yes _____ No _____

If "yes", please specify: _____

Are you able to perform the physical tasks as listed on the job description?

Yes _____ No _____

THIS IS A SEVEN DAYS/WEEK OPERATION. IN APPLYING FOR EMPLOYMENT, IT IS UNDERSTOOD ALL EMPLOYEES WILL WORK THEIR FAIR SHARE OF WEEKENDS AND HOLIDAYS WITHIN THEIR JOB CLASSIFICATION.

Have you ever been charged with any crimes (felonies or misdemeanor), other than minor traffic violations?

__ Yes __ No

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

Have you ever been sanctioned, suspended or otherwise determined to be ineligible for participation in State or Federal programs by any State or Federal Licensing Board or Agency:

Yes No

If yes, please give details of the suspension, inclusive dates and current status:

Do you have any obligations which might affect your work schedule? Yes No

If yes, please explain:

EMPLOYMENT EXPERIENCE – List both part-time and full-time jobs. Start with present or last job.

Present Employment (or last job - include military experience)

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Salary Start Present (or ending)
List job title and describe your work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time Hours/week
Reason for Leaving	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employment

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Salary Start Present (or ending)
List job title and describe your work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time Hours/week
Reason for Leaving	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Salary Start Present (or ending)
List job title and describe your work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time Hours/week
Reason for Leaving	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone
Address	Employed (state month and year) From To
Name of Supervisor	Salary Start Present (or ending)
List job title and describe your work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time Hours/week
Reason for Leaving	
May we conduct a detailed reference check and contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

A Background Check and a physical exam are required for employment with this company. If the applicant has a physical exam dated within the previous 12 months, a copy of that exam is sufficient. Fees are NOT refundable, even if you are not going to be employed.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize Nationwide Health Care/Management, LLC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my employer or agency where I worked to disclose to Nationwide Health Care/Management, LLC any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Nationwide Health Care/Management, LLC, my former employers, and all other persons, corporations, partnerships and associations from any and all claims demands or liabilities arising out of or in any way related to such investigation or disclosure.

In consideration of my employment, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as passing a medical examination.

Signed _____

Date _____