



200 South Main Street • Athens, PA 18810
 Phone: 570-731-6919 • Fax: 570-731-6917

EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer

PLEASE COMPLETE APPLICATION IN FULL

Name _____
(Last) (First) (Middle)

_____ Email _____
Other name(s) under which you have been educated or employed.

Telephone Number (_____) _____ Message Number (_____) _____

Mailing Address _____
Number/Street City State Zip

Permanent Address (if different from mailing address)

Number/Street City State Zip

Have you lived in PA for the last 2 consecutive years? Yes No

EMPLOYMENT DESIRED

Position(s) applying for: _____

Are you applying for: Part-Time Full-Time Temporary

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

Are you available to work on weekends? Yes No Can you work overtime, if necessary? Yes No

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

EDUCATION, TRAINING, AND EXPERIENCE

SCHOOLS	NAME & ADDRESS	NO. OF YEARS COMPLETED	COURSES OR MAJOR SUBJECTS	DEGREES OR DIPLOMA
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRAD SCHOOL				
OTHER Vocational, Apprenticeship				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Athens Health and Rehab Center? Yes No If so, please explain: _____

Are you licensed or certified for the job you are applying for? Yes No If Yes, complete below:

Type of License	Professional License No.	State Issued	Expiration Date
Has your license/certification ever been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____			
Are you currently licensed in any other states? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, name of state _____ License # _____			

List below your work experience, beginning with your most recent job experience. *You must complete this section; do not write "see resume".* Information for the last 10 years is sufficient.

Dates / Salary / Supervisor	Employer	Job Title & Duties
Hire Date:	Name:	
Termination Date:	Address:	
Last Date of Active Employment	Telephone:	
Salary: \$ per/hr	Reason for Leaving	
Supervisor:		

Hire Date:	Name:	
Termination Date:	Address:	
Last Date of Active Employment	Telephone:	
Salary: \$ per/hr	Reason for Leaving	
Supervisor:		

Hire Date:	Name:	
Termination Date:	Address:	
Last Date of Active Employment	Telephone:	
Salary: \$ per/hr	Reason for Leaving	
Supervisor:		

May we contact the employers/agencies listed above? Yes No If no, please indicate which one(s) not to contact: _____

MILITARY SERVICE

If you have obtained any special skills or abilities as a result of service in the military, please describe: _____ _____

PERSONAL REFERENCES

Name	Relationship	Address	Telephone	No. Years Acquainted

May we contact the personal references listed above? Yes No

Have you ever applied to or worked for Athens Health and Rehab Center before? Yes No
 If yes, when? _____

Why are you applying for work at Athens Health and Rehab Center? _____

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

Are you at least 18 years old? Yes No

If you are under 18, work is subject to verification that you meet agency requirements.

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in the United States? Yes No _____

U.S. Immigration Form 1-9 must be completed within 3 days of hiring.

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: _____

Athens Health and Rehabilitation Center does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy), national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation or political activity.

Have you ever been convicted of a felony? Yes No If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s): _____

CONFIDENTIAL REFERENCE REQUEST

I, _____, am making application to the above named facility for the position of _____.

My Social Security number is: _____.

I hereby authorize you to furnish Athens Health and Rehabilitation Center with personal information regarding my employment with your organization and release you from any liability for damages arising from said information.

Signature of Applicant
If submitting via email, please type your name. Physical signature will be collected if you are called in to interview. _____
Date

Information relative to the above organization will be treated with strict confidence.

Signature of Athens Health and Rehab Center Representative _____
Date

******* APPLICANT, DO NOT WRITE BELOW THIS LINE *******

Dates of employment _____ to _____ Position/Title _____

Reason for leaving _____ Would you rehire? _____ If not, why? _____

	Excellent	Good	Average	Fair	Poor
Quality of work specific to job	_____	_____	_____	_____	_____
Reliable/Dependable	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Neatness of Dress	_____	_____	_____	_____	_____
Adaptability-Cooperation	_____	_____	_____	_____	_____
Physical Health	_____	_____	_____	_____	_____
Profession Integrity	_____	_____	_____	_____	_____

Comments: _____

Signature _____
Date

Reference Check Conducted By _____

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Adaptability-Cooperation	_____	_____	_____	_____	_____
Physical Health	_____	_____	_____	_____	_____
Profession Integrity	_____	_____	_____	_____	_____

Comments: _____

Signature

Date

Reference Check Conducted By _____

APPLICANT'S STATEMENT

I hereby grant Athens Health and Rehabilitation Center permission to contact all persons and employers listed.

I give permission for the Athens Health and Rehabilitation Center to do a criminal conviction investigation check on me.

All direct care staff who apply for employment with Athens Health and Rehabilitation Center are required to have a criminal history record check.

I certify that the 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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, unless otherwise defined by applicable law, 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

If submitting via email, please type your name. Physical signature will be collected if you are called in to interview.