

ScandiHaven of Cura

Cura of Benson LLC



Application for Employment

Application for Employment

All applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, marital status, sexual orientation, status with regard to public assistance, military/veteran's status or any other protected classes as defined by law. Premier Healthcare Management will provide reasonable accommodation to complete this application consistent with applicable law. To request an accommodation please contact Human Resources. We participate in E-Verify.

Name (Last, First, MI) _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Position Applying For _____ Date of Application _____

Best time to contact you at home? _____/_____/_____ a.m./p.m.

Do any friends/relatives work here Yes _____ No _____

If Yes, state name, and location _____

Are you currently employed? Yes _____ No _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Proof of Citizenship or Immigration Status will be required upon hire.

Date available for work? _____

What is your desired pay range? _____

Are You Available To Work (check all that apply)

Full Time _____ AM: _____ PM: _____ NOC: _____

Part Time _____ AM: _____ PM: _____ NOC: _____

Casual/On Call _____ AM: _____ PM: _____ NOC: _____

Temporary: _____ AM: _____ PM: _____ NOC: _____

EDUCATION:

Highest Grade Completed (Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Certifications/Licenses: _____

ADDITIONAL INFORMATION Summarize any special job-related training, experience or skills acquired from employment, education, military, or volunteer work: _____

PROFESSIONAL OR PERSONAL REFERENCES: (NOT RELATED TO YOU)

NAME	ADDRESS	EMAIL	RELATIONSHIP	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT HISTORY:

COMPANY NAME	Employed (MM/DD/YY) to (MM/DD/YY)
Address	Telephone Number
Name Of Supervisor	Hourly Rate/Salary
May we contact this employer	Reason for Leaving
Describe Work Performed:	

COMPANY NAME	Employed (MM/DD/YY) to (MM/DD/YY)
Address	Telephone Number
Name Of Supervisor	Hourly Rate/Salary
May we contact this employer	Reason for Leaving
Describe Work Performed:	

COMPANY NAME

Employed (MM/DD/YY) to (MM/DD/YY)

Address

Telephone Number

Name Of Supervisor

Hourly Rate/Salary

May we contact this employer

Reason for Leaving

Describe Work Performed:

Applicant's Statement

I certify that the answers provided in this application 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 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 facility retains the same right. 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 this application is not a contract of employment; that if hired, regardless of any oral representations to the contrary.

In signing this application, I state that I have received a copy of the Job Description and Essential Functions for all jobs for which I have applied. I understand that failure to fulfill any aspect of the job may be grounds for termination. I also understand I may be required to pass an agility test. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment.

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.

I understand that, if hired, by employment is contingent upon a successful background check completed within in specific timeframes, Depending on the job title, this could include: Criminal Background Check and/or Motor Vehicle record. After an accepted offer of employment, we will notify you of the next steps. If any of the requirements are not able to completed successfully within the timeframe allowed, we reserve the right to deny or withdraw your offer of employment.

Signature

Date

What happens next? Your application will be reviewed by a real person, screened for job requirements and forwarded to the hiring manager. After our review, we will contact you if we would like to move forward in the hiring process.

Thank you for your interest!

How did you hear about us? Premier Health Employee: _____ Walk in: _____ Website: _____
Newspaper: _____ Indeed: _____ Other: _____ Facebook: _____