

Employment Application

An Equal Opportunity Employer

Braley Care Homes is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Applicant Information

Applicant Name		
Home Phone	Cell	Email
Current Address		
How were you referred to	Braley Care Homes?:	
Employment Positions		
Position(s) applying for _		
Are you applying for (che	ck all that apply):	
□ Regular full-time work	□ Regular part-time worl	k □ Temporary work
What days and hours are	you available for work?	
If hired, date available to	start work?//_	Starting salary desired: \$
Personal Information		
	/ worked for Braley Care H clude date):	omes before? [] Y or [] N
	•	ley Care Homes? [] Y or [] N
If hired, would you have t	ransportation to/from work?	'[]Y or [] N
Are you over the age of 1	8? (If under 18, hire is subjec	t to verification of minimum legal age.) [] Y or [] N
If hired, would you be ablin the United States? [] \		ur U.S. citizenship or proof of your legal right to wo
Are you able to perform t reasonable accommodate		e job for which you are applying, either with / withou
If no, describe the function	ons that cannot be performe	d

necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.) Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case._____ (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) **Education, Training and Experience** High School: School name: _____ School city, state_____ Number of years completed: _____ Did you graduate? [] Y or [] N College / University: School name: School city, state: Number of years completed: _____ Did you graduate? [] Y or [] N Degree earned:____ **Vocational School:** School name: _____ City, state_____ Did you graduate? [] Y or [] N Degree / diploma: **Additional Information** Do you speak, write or understand any foreign languages? [] Y or [] N If yes, which languages(s) and how fluent do you consider yourself to be. Other experience, training, qualifications, or skills which you feel make you especially suited for working with us ____ **Work History** Start with last employment. Include job related military service or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Work Performed Employer Dates Employed Address From To Hourly rate/salary Phone Job Title starting final Supervisor

Reason for leaving

May we contact? Yes____ No __

(Note: Braley Care Homes complies with the ADA and consider reasonable accommodation measures that may be

Employer	Dates E	mployed	Work Performed	
Address	From	То		
Phone	Hourly r	Hourly rate/salary		
Job Title	starting	final		
Supervisor				
Reason for leaving	<u>'</u>	May we co	ontact? Yes No	
Employer	Dates E	Employed Work Performed		
Address	From	То		
Phone	Hourly r	ate/salary		
Job Title	starting	final		
Supervisor				
Reason for leaving	<u> </u>	May we co	ontact? Yes No	
			Check one	
Name		Phone		
Applicant's Statement				
 I certify that answers given herein are true I authorize investigation of all statements necessary in arriving at an employment de In the event of employment, I understand interview(s) may resulting discharge. I understand a criminal background check the cost of the background check, and furth regulations I will be dismissed from employ I understand it is mandatory to have a curprovide the class at no cost, and I must have I understand the Alzheimer's Dementia To The training may be obtained by several median III. Employment begins the first day of shad Dementia Training. I understand that the Nurse/Nurse Aid Ab 	contained in this cision. that false or mist is required for the results ment immediate erculosis PPD to the this certification in the requirement of the requirement	s application sleading info employment are not in ce ely. est before th Aid certificat on within 15 ed for emplo offered at n not comper eck will be p	ormation given in my application of the transfer of transfer of the transfer of tr	
employment. The last four digits of my SS		; n	ny nursing license # is	
Signature of Applicant			// Date	