



BARNABAS HEALTHCARE

SERVICES, INC.

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, sexual orientation, or any other legal protected status.

(PLEASE PRINT)

Position(s) Applied for:	Date of Application:	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address (Number & Street)		Social Security Number
City	State	Zip Code
		Driver's License Number
Telephone Number(s)	Pager/Mobile Phone #	Email Address

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes, please give date _____ No

Have you ever been employed with us before? Yes, please give date _____ No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available to start work? Please give date: _____

Are you available to work (Check all that apply): Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? If yes, how many miles one way? _____ Yes No

Have you been convicted of a felony? *Conviction will not necessarily disqualify an applicant from employment.* Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title :	Name of Supervisor :			
Reason for Leaving:				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title :	Name of Supervisor :			
Reason for Leaving:				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title :	Name of Supervisor :			
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Employer		Dates Employed		Work Performed
		From	To	
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Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title :	Name of Supervisor :			
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Numbers(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title :	Name of Supervisor :			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

Education

	Name and Address of School	Course of Study	Years Completed	Type of Certification Diploma/Degree/Cert
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Trade/Vocational Others (Specify)				

Additional Information

Other Qualifications/Licenses/Certification (CNA, NAR, LPN, RN, HHA, EMT, etc.)

Please summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills : List Skills and/or Equipment Operated

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References Include only individuals familiar with your work ability. Do not include relatives.

Name/Relationship	Address	Phone #
1		
2		
3		

Applicant's Statement

I certify that 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 of Applicant

Date