## APOSTOLIC CHRISTIAN HOME OF ROANOKE APPLICATION FOR EMPLOYMENT

The Apostolic Christian Home of Roanoke considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Name:	(F' 1)	OF THE
(Last) Address:	(First)	(Middle)
Address:(Street, PO Box #, O	City, State, and Zip)	
Telephone Number:(Home	Phone)	(Work or Cell Phone)
E-Mail Address:		
Have you ever been employed here be If yes, from to	Position:	
Referred by:	Position held	No d:
Requested shift: Full time Part	time If part time, specify d	days/hours
Are you available to work weekends/h	olidays? Yes No	
Are you legally eligible for employme	nt in the U.S.? Yes N	No
On what date would you be available t	o work?	
Are there any days/hours which you ar	e unavailable to work? Yes	No
If yes, please be more specific:		
Can you rotate shifts if necessary?	Yes No	
Do you consider yourself to be able to	perform all duties required b	by the job(s) for which you are making application without
endangering yourself, other employees	s or patients? Yes	No
If no, please explain:		
Do you hold any type of professional l	icense or certification? Yes	No If yes:
List what type, the license number, and	d expiration date:	·
If you are less than 18 years of age, ca <b>Note</b> : If you are less than 16 years of a		f of your eligibility to work? Yes No by Law to work in certain departments.
Are you currently employed? Yes	No	
If yes, may we contact your current en	nployer? Yes No	
Are you currently on "lay-off" status a	and subject to recall? Yes	No
Will you be able to get to work on time	e? Yes No	
Have you been convicted of a felony v	vithin the last 7 years? Yes	No (Conviction will not necessarily disqualify your applica
If yes, please explain		
Have you ever had any occupational in	njuries, accidents or illnesses	s? Yes No
Have you lost time from work for a wo	ork-related injury or illness?	Yes No
Have you seen a doctor for any work-	elated injury or illnesses?	Yes No

## **EDUCATION**

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## PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS KNOWN

PROFESSIONAL REFERENCES-Do not include relatives.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS KNOWN

I hereby affirm that the information provided on this application and/or in the interview process (and accompanying resume, if applicable) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration of employment and may result in discharge at a later date.

I understand that if employed by the Apostolic Christian Home of Roanoke, my employment may be terminated at any time, with or without cause, at the option of either the Apostolic Christian Home of Roanoke, or me. I also understand that neither this application, nor any communication by a management representative is intended to create or creates a contract for employment or a guarantee of benefits.

I understand that, as part of the application process, the Apostolic Christian Home of Roanoke will verify with the state(s) nurse's aide registry (and/or other relevant registries) my competence and certification as a nurse's aide (or other title) and may obtain any and all information contained in the registry for use in evaluating my application for employment. I further understand that as a part of the employment process, I will be subject to drug testing and to a State of Illinois Criminal Background Check.

I further understand that any offer of employment is contingent upon a fitness for duty evaluation, TB test and other information as may be required by the Company to determine: (1) whether I am currently able to perform the job for which I am being considered with or without reasonable accommodation; and (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

I hereby authorize the Apostolic Christian Home of Roanoke to verify all information provided on the application and/or in the interview process (and accompanying resume, if applicable), as well as contacting my references and former employers regarding my past dates of employment, reason for leaving employment, and an evaluation of my job performance, attitude and attendance. I hereby release the Apostolic Christian Home of Roanoke and others providing such information from all liability whatsoever resulting from the disclosure of such information.

Signed:	Date:	
	SUPERVISOR COMMENTS:	

SUPERVISOR - COMPLETE UPON HIRE

Date interviewed \_\_\_\_\_\_ by \_\_\_\_\_\_\_

Date to start work \_\_\_\_\_ Dept. \_\_\_\_\_\_

Temporary: Yes\_\_\_ No\_\_\_ Position \_\_\_\_\_\_

Hours to work: Part-time\_\_\_\_ Full-time\_\_\_\_\_

Rate of pay \$\_\_\_\_\_ per hour or \$\_\_\_\_\_ salaried

Remarks:

Approved By \_\_\_\_\_\_ Title \_\_\_\_\_\_

PERSONAL INFORMATION
(Complete this section only upon hire)

Date of birth: \_\_\_\_\_ Maiden name if married: \_\_\_\_\_\_

Name of spouse: \_\_\_\_\_ Occupation of spouse: \_\_\_\_\_\_

Male\_\_ Female\_\_ Single\_\_ Married\_\_ Divorced\_\_ Separated\_\_ Widowed\_\_\_\_\_

Number of dependents: \_\_\_\_\_ Ages of children: \_\_\_\_\_

No

Military Service: Yes

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