

**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.

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street, PO Box #, City, State, and Zip)

Telephone Number: \_\_\_\_\_  
(Home Phone) (Work or Cell Phone)

E-Mail Address: \_\_\_\_\_

Have you ever been employed here before? Yes No  
If yes, from \_\_\_\_\_ to \_\_\_\_\_. Position: \_\_\_\_\_

Have you ever applied for employment with us before? Yes No  
If yes; Month and Year \_\_\_\_\_. Position held: \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_  
Referred by: \_\_\_\_\_

Present position applied for: \_\_\_\_\_

Requested shift: Full time Part time If part time, specify days/hours \_\_\_\_\_

Are you available to work weekends/holidays? Yes No

Are you legally eligible for employment in the U.S.? Yes No

On what date would you be available to work? \_\_\_\_\_

Are there any days/hours which you are 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 by the job(s) for which you are making application without endangering yourself, other employees or patients? Yes No

If no, please explain: \_\_\_\_\_

Do you hold any type of professional license or certification? Yes No If yes:

List what type, the license number, and expiration date: \_\_\_\_\_

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

**Note:** If you are less than 16 years of age, you may be prohibited by Law to work in certain departments.

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

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

Will you be able to get to work on time? Yes No

Have you been convicted of a felony within the last 7 years? Yes No (Conviction will not necessarily disqualify your application)

If yes, please explain \_\_\_\_\_

Have you ever had any occupational injuries, accidents or illnesses? Yes No

Have you lost time from work for a work-related injury or illness? Yes No

Have you seen a doctor for any work-related injury or illnesses? Yes No

**EDUCATION**

	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE
NAME OF SCHOOL & LOCATION				
YRS. COMPLETED				
DIPLOMA/DEGREE				
COURSE OF STUDY				

**EMPLOYMENT HISTORY**

How many days were you absent from work last year? \_\_\_\_\_

Were any of the absences unauthorized?    Yes    No

**List your last three (3) employers, starting with the most recent.**

FROM	TO	EMPLOYER	PHONE (   )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		BRIEF JOB DESCRIPTION	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	PHONE (   )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		BRIEF JOB DESCRIPTION	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	PHONE (   )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		BRIEF JOB DESCRIPTION	
REASON FOR LEAVING			

Please explain all periods of unemployment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

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SUPERVISOR COMMENTS:

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**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 \_\_\_\_\_

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**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:\_\_\_\_\_

Military Service: Yes No