

SERENITY LANE
SERENITY LANE HEALTH SERVICES
EQUAL OPPORTUNITY EMPLOYERS
- APPLICATION FOR EMPLOYMENT -

Please Print

Ref# _____

Name: _____ **Date of Application:** _____
Last First Middle

Address: _____ **Telephone Number:** _____
Street City State Zip County

Type of Work or Position Applied for: _____ **Date Available:** _____

| | | |
|---|------------------------------------|--|
| If hired, can you provide proof of eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | Valid Driver's License State _____ | Over 18 years <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|------------------------------------|--|

| | | | | |
|-------------------------|---------------------|-------------------------|--------------|---|
| Military Service: _____ | Date of Entry _____ | Date of Discharge _____ | Branch _____ | Skills or Special Training Received _____ |
|-------------------------|---------------------|-------------------------|--------------|---|

Do you speak, read, or understand a second language other than English? Yes No

If yes, please list the language and level of fluency: _____

EDUCATION AND TRAINING:

| | | |
|-----------------------------------|----------------------|--|
| Name of High School _____ | Where Located? _____ | Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College or University _____ | Where Located? _____ | Degree Earned or No. of Years Attended _____ |
| College or University _____ | Where Located? _____ | Degree Earned or No. of Years Attended _____ |
| Other Schooling or Training _____ | | |

What business machines or power tools do you operate? _____

Employed by this company before? Yes No If so, when & where? _____

If currently employed, why do you want to change? _____

PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY:

REFERENCES:

| | |
|--------------------------------|------------------------------------|
| Name _____ | Name _____ Phone _____ |
| Address _____ | Address _____ |
| Phone _____ Relationship _____ | Occupation _____ Years Known _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ Phone _____ |
| Phone _____ Relationship _____ | Occupation _____ Years Known _____ |

Has your professional license or certification ever been rescinded due to violation of professional ethics? Yes No
 If yes, please explain: _____

How did you hear about this position? _____

Please note: A criminal background check and pre-employment drug screen will be required prior to a formal offer of employment.

RECORD OF PREVIOUS EMPLOYMENT

Provide the following information on your last four (4) employers or volunteer activities, starting with the most recent

| | | | |
|-----------------------------|-----------|------------------------------------|---|
| From: _____ | To: _____ | Position Held: _____ | Salary: _____ |
| Description of Duties _____ | | | |
| Name of Employer _____ | | Name of Immediate Supervisor _____ | |
| Address _____ | | Phone: _____ | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving _____ | | | |
| From: _____ | To: _____ | Position Held: _____ | Salary: _____ |
| Description of Duties _____ | | | |
| Name of Employer _____ | | Name of Immediate Supervisor _____ | |
| Address _____ | | Phone: _____ | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving _____ | | | |
| From: _____ | To: _____ | Position Held: _____ | Salary: _____ |
| Description of Duties _____ | | | |
| Name of Employer _____ | | Name of Immediate Supervisor _____ | |
| Address _____ | | Phone: _____ | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving _____ | | | |
| From: _____ | To: _____ | Position Held: _____ | Salary: _____ |
| Description of Duties _____ | | | |
| Name of Employer _____ | | Name of Immediate Supervisor _____ | |
| Address _____ | | Phone: _____ | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Leaving _____ | | | |

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or termination if employed.
2. It is my understanding that the Company may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company and I release from liability any person giving or receiving any such information. I understand that falsification of data given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Company any time without liability for wages, salary or benefits, except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any company property that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination, at company expense, at any time to determine if I am physically fit for the job I am to perform, and, I authorize the physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and that the Company can change wages, benefits and conditions at any time.

I have read and understand the above.

Date: _____

Signature: _____