

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

PERSONAL INFORMATION

	Date		Social Security Number	
Name	Last	First	Middle	
Present Address	Street	City	State	Zip
Permanent Address	Street	City	State	Zip
Phone No.				
Referred By	Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS THE NAME OR CHARACTER WHICH INDICATED THE RACE, SEX, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS List below your last four employers, starting with last one first.

Date Month and Year	Name and Phone Number of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Phone Number	Position	Years Acquainted
1			
2			
3			

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date	Signature
In Case of Emergency Notify	Name
Address	Phone No.

DO NOT WRITE BELOW THIS LINE — OFFICE USE ONLY

Interviewed By	Date
----------------	------

REMARKS: _____

INS for I-9 completed? Yes No

Hired	For Dept.	Position	Will Report	Salary Wages
Approved	1.	2.	3.	
	Employment Manager	Dept. Head	General Manager	

EXTENDICARE HEALTH AND REHABILITATION CENTER

950 S. ST. ANDREWS ST.
DOTHAN, AL

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AUTHORIZATION TO RELEASE INFORMATION:

I HEREBY AUTHORIZE THE ABOVE INDIVIDUAL, COMPANY OR INSTITUTION TO FURNISH EXTENDICARE HEALTH AND REHABILITATION CENTER WITH ANY INFORMATION THEY MAY HAVE CONCERNING ME OR MY EMPLOYMENT HISTORY. ANY AND ALL INDIVIDUALS CONNECTED WITH THE RELEASE OF THIS INFORMATION, INCLUDING EXTENDICARE HEALTH AND REHABILITATION CENTER, ARE RELEASED FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN PROVIDING SUCH INFORMATION.

DATE _____ SIGNATURE OF APPLICANT _____

***** APPLICANT: DO NOT WRITE BELOW THIS LINE *****

APPLICANT'S NAME: _____ SOCIAL SECURITY # _____

*****TO BE COMPLETED BY EMPLOYER*****

DATES EMPLOYED _____ TO _____ POSITION HELD _____

REASON FOR TERMINATION _____ ELIGIBLE FOR REHIRE _____

IF NO, PLEASE GIVE REASON _____

COMMENTS: _____

DATE: _____

SIGNATURE: _____

TITLE: _____



INVESTIGATION CONSENT

I, _____, hereby authorize Extendicare Health and Rehabilitation Center and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment, which may include Urine Substance Abuse Testing.

I release Extendicare Health and Rehabilitation Center and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

FULL NAME PRINTED

MAIDEN NAME OR OTHER NAMES USED

PRESENT ADDRESS

HOW LONG?

CITY/STATE

ZIP CODE

FORMER ADDRESS

HOW LONG?

CITY/STATE

HOW LONG?

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE OF LICENSE

SIGNATURE

_____/_____/_____
DATE