



2621 Wilmington Pike, Dayton OH 45419  
 (937) 293-6631  
 Equal Opportunity Employer

**Employment Application**

**PERSONAL**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
NO. & STREET CITY STATE ZIP

In Case of Emergency Notify: \_\_\_\_\_  
NAME RELATIONSHIP PHONE

Do you drive?  Yes  No Do you have a car?  Yes  No

Have you ever applied or worked for us?  Yes  No

Dates: \_\_\_\_\_

How did you hear about us?

Yellow Pages  Newspaper  Other \_\_\_\_\_

Note: Answering yes to the following questions does not constitute an automatic bar to employment; all circumstances will be considered in compliance with federal, state, and local laws.

Have you ever pled guilty to or been convicted of a crime?  Yes  No

If yes, please provide the date(s) of the plea(s) or conviction(s) and details:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been fired or asked to quit a previous employer?  Yes  No

If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

_____ R.N. LICENSE NO.	_____ STATE	_____ SCHOOL OF NURSING	_____ DEGREE	_____ DATE OF GRADUATION
_____ L.P.N. LICENSE NO.	_____ STATE	_____ SCHOOL OF NURSING	_____ DEGREE	_____ DATE OF GRADUATION

C.N.A./HOME HEALTH AIDE: \_\_\_\_\_  
NAME OF SCHOOL OR PROGRAM DATES ATTENDED

OTHERS: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Position \_\_\_\_\_ Reference \_\_\_\_\_

Interviewer \_\_\_\_\_ Reference \_\_\_\_\_

**EMPLOYMENT DATA**

TYPE OF EMPLOYMENT DESIRED: \_\_\_\_\_  
HOSPITAL                      NURSING HOME                      HOME CARE/PRIVATE DUTY                      OTHER

SHIFTS DESIRED: \_\_\_\_\_  
DAY                      EVENING                      NIGHT

C.P.R. CERTIFIED     YES     NO    BY WHOM: \_\_\_\_\_

PRESENT EMPLOYER:    NAME: \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ ADDRESS \_\_\_\_\_

AREA OF NURSING \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION \_\_\_\_\_ PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**PREVIOUS EMPLOYERS STARTING WITH MOST RECENT**

1.    NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
AREA OF NURSING \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

2.    NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
AREA OF NURSING \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

3.    NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
AREA OF NURSING \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

I understand that: If employed, any misrepresentation of facts on this application is sufficient for dismissal. I have not knowingly withheld any information which would affect my consideration for employment. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I also release all of the aforementioned from all liability in providing any type of reference information. I understand that my employment is based upon passing a physical examination including a chest x-ray and/or TB test and upon reference checks. This employment relationship is at will and may be terminated by either party at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_