

EMPLOYMENT UNDERSTANDING (Please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examination as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and show satisfactory evidence of identity and eligibility for employment.

SIGNED _____

DATE _____

STOP! APPLICANT PLEASE DO NOT WRITE IN SPACES BELOW

REFERENCE CHECKS

I.D.P.H. Confirmation # (CNA's only) _____ Date of last background check _____

Person Contacted _____ Company or Firm _____ Overall Performance Rating
 Fair Average Outstanding

Would you Rehire? yes no If not, why? _____

Person Contacted _____ Company or Firm _____ Overall Performance Rating
 Fair Average Outstanding

Would you Rehire? yes no If not, why? _____

Person Contacted _____ Company or Firm _____ Overall Performance Rating
 Fair Average Outstanding

Would you Rehire? yes no If not, why? _____

INTERVIEW

Interviewed by _____ Date _____ Position Accepted _____

Date/Time to Start _____ Department _____ Shift _____

RELEASE INTERVIEW

Resigned Released On Leave Remarks (including reason for leaving) _____

SIGNED _____

DATE _____