



CENTURY VILLA
Health Care & Rehabilitation
Feels Like Home

Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. Century Villa Health Care & Rehabilitation is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

PERSONAL INFORMATION

DATE

Name (Last)		First	Middle	Social Security No.	
Home Address			City	State	Zip
Home Telephone () ()		Business Telephone () ()		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applying For			Date Available		
Are you interested in (check all that apply) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary					
List any restrictions: _____					
If you're under 18 years of age, please state your date of birth: ____/____/____					
How were you referred to Century Villa Health Care & Rehabilitation? _____					

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Yrs Attended	Graduated (Check One)	
High School	Name _____ Address _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	City _____ State _____ Zip _____				
College	Name _____ Address _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	City _____ State _____ Zip _____				
Graduate School	Name _____ Address _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	City _____ State _____ Zip _____				
Other	Name _____ Address _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	City _____ State _____ Zip _____				

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? Yes No
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies) _____

Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? (Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.) The existence of a criminal record will not automatically disqualify you from the job for which you are applying. Yes No

If yes, please explain offense and final disposition: _____

EMPLOYMENT HISTORY

List employment starting with your most **RECENT** position. Account for any time during this period that you were unemployed by stating the nature of your activities. **May we contact your present employer?** Yes No **Past employer?** Yes No

If employed under a different name, please specify past name: _____

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address City	Supervisor		Final	
	State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address City	Supervisor		Final	
	State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address City	Supervisor		Final	
	State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address City	Supervisor		Final	
	State Phone ()				

Have you previously worked for Century Villa Health Care & Rehabilitation? Yes No If yes, when? _____

REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)

Name	Address	Work Phone No.	Title	Years Known
		()		
		()		
		()		

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Century Villa Health Care & Rehabilitation.

I understand and agree that if employed, the employment will be "at will." That is, either I or Century Villa Health Care & Rehabilitation may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Century Villa Health Care & Rehabilitation does not imply employment and that this application and/or any other Century Villa documents are not contracts of employment.

APPLICANT'S SIGNATURE

DATE SIGNED