



EMPLOYMENT APPLICATION

THIS IS A DRUG FREE WORKPLACE. ALL APPLICANTS WILL BE SUBJECT TO DRUG TESTING.

Please print clearly in blue/black INK only. Please read carefully and complete ALL information.

PERSONAL INFORMATION

Last Name	First Name	Middle	Social Security Number
Street Address	Apt. #	City	State
Home Phone Number ()	Cell Phone Number ()	E-mail Address	

POSITION INFORMATION/REQUESTS

REFERRAL INFORMATION

Position(s) Applying For	Salary Request	Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Relative <input type="checkbox"/> Current Company Employee* (Please indicate employee's name below.) *Name of Employee who referred you:
Shift(s) Request <input type="checkbox"/> MORNING <input type="checkbox"/> EVENING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> WEEKENDS	Status Request <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN	

QUESTIONS

Have you completed an application for employment here before? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ___/___/___
Have you been employed by our company before? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - From ___/___/___ To ___/___/___
Are you currently employed? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes - Where? _____
May we contact your current employer? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date are you available for work? ---->	___/___/___
If you are less than 18 years of age, do you have a work permit? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Are you prevented from lawfully becoming employed in this country due to VISA or Immigration Status? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Level	Name/Location of School	Major	Graduated?
Elementary School:			<input type="checkbox"/> Yes, in year _____ <input type="checkbox"/> No (date degree)
High School:			<input type="checkbox"/> Yes, in year _____ <input type="checkbox"/> No (date degree)
College:			<input type="checkbox"/> Yes, in year _____ <input type="checkbox"/> No (date degree)
Trade/Other Training:			<input type="checkbox"/> Yes, in year _____ <input type="checkbox"/> No (date degree)

EMPLOYMENT HISTORY

	Employer's Name/Address	Position (s)	From(MM/DD/YY)	To: (MM/DD/YY)	Reason for Leaving
1.					
2.					
3.					

4.						
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PROFESSIONAL LICENSES/CERTIFICATES

	Type	License Number	Date Issued	Issued by Organization/State
1.				
2.				
3.				
4.				

PROFESSIONAL REFERENCES

Name	Professional Relationship	Company Address	Telephone
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Other		
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Other		
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Other		

BACKGROUND INFORMATION

Have you ever been discharged, suspended or asked to resign from any position? ____ Yes ____ No

If yes, explain: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ____ Yes ____ No

APPLICANT'S CERTIFICATION – Please read carefully before signing.

I hereby certify that all answers on this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation will be considered just cause for rejection of this application or dismissal from employment. I understand and agree that, if employed, such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is at will.

We at the Skyview Care, LLC conduct our business with the highest possible degree of safety and efficiency. Because of this, we require all applicants to undergo urinalysis screening for drug or alcohol use as part of a pre-placement physical examination, and/or drug testing. Successful completion of an employment physical exam, which includes completion of a medical history questionnaire, testing for drugs, and proof of immunizations are required for employment. I acknowledge that refusing to submit to such screening will cause my application for employment to be rejected. In addition, all employees of the company may be subject to random urinalysis screening for drug or alcohol use.

Skyview Care, LLC is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, marital status, veteran status, medical condition, disability or any other legally protected status. We assure you that your opportunity for employment depends solely upon your qualifications.

"If I test positive for drugs which are not part of a currently prescribed medical treatment program by a licensed physician, I will not be employed. I further understand if I test positive, I will not be considered for employment for a one year period."

APPLICANT'S SIGNATURE _____ **DATE** _____

This company is an equal opportunity employer. All applicants will be considered without discrimination of race, religion, color, sex, age, national origin, marital status, veteran status, medical condition, disability or any other legally protected status.