



EMPLOYMENT APPLICATION

Applicant Information

Last Name	First Name	MI	Date
Street Address			City/State/ Zip code
Home Phone	Cell Phone	Email Address	
Date Available for Employment	Social Security Number	Desired Salary	
Position applied for			
How did you originally find out about this opening? Please list any specifics to help us identify successful recruiting sources.			
<input type="checkbox"/> Online Job Posting (i.e CareerBuilder, Craigslist, Yahoo, other) _____		<input type="checkbox"/> Newspaper Ad	
<input type="checkbox"/> Job Service (MO Career Source or Temp Agency)		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Referral (by whom?) _____			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.)</i>			
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			

Education

High School	City/State	Years Completed
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
College	City/State	Years Completed
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
College	City/State	Years Completed
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
Other	City/State	Years Completed
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	

Military Service

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Employment History

List all employment including any volunteer service **starting with the most current position held**. Show employment history for at least 10 years or from the time you left school. Explain the gaps in employment history. You may attach a resume, but you must complete the employment section.

Employer 1

Organization Name (City/State)		Dates Employed (month/year)	
		From	To
Position Title		Supervisor's Name/Title/Phone Number	
Responsibilities		Reason for Leaving	
Starting Salary \$	Ending Salary \$	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 2

Organization Name (City/State)		Dates Employed (month/year)	
		From	To
Position Title		Supervisor's Name/Title/Phone Number	
Responsibilities		Reason for Leaving	
Starting Salary \$	Ending Salary \$	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 3

Organization Name (City/State)		Dates Employed (month/year)	
		From	To
Position Title		Supervisor's Name/Title/Phone Number	
Responsibilities		Reason for Leaving	
Starting Salary \$	Ending Salary \$	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 4

Organization Name (City/State)		Dates Employed (month/year)	
		From	To
Position Title		Supervisor's Name/Title/Phone Number	
Responsibilities		Reason for Leaving	
Starting Salary \$	Ending Salary \$	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please list three professional references, at least two of which are previous employers.

Name	Relationship
Company/Title	Phone Number
Name	Relationship
Company/Title	Phone Number
Name	Relationship
Company/Title	Phone Number

Test Results

Test Administered	Raw Score	Rating	Analysis

Mail, email or fax the signed application and/or resume to:

Attn: HR
 503 Regent Drive
 Warrensburg, MO 64093

Fax:
hireme@countryclubcarecenter.com

PLEASE READ CAREFULLY AND SIGN—I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire or termination without notice. I further understand that Capital Health Management has the right to review my education, previous employment, and other background data.

NOTICE OF NON DISCRIMINATION – Per Title VII of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, Capital Health Management does not discriminate on the basis of race, color, sex, age, national origin, veteran status, marital status, disability, religion, ancestry, sexual orientation, citizenship status or any condition prescribed by federal, state or local law.

Applicant's Signature _____ Date _____