



Employment Application

Please read carefully and answer all questions - Print clearly in ink

JOB INTEREST							
Position		Date Available			Salary Desired		
How were you referred to our company?							
Hours/Shift Applying For	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No	On Call <input type="checkbox"/> Yes <input type="checkbox"/> No	Days <input type="checkbox"/> Yes <input type="checkbox"/> No	Mornings <input type="checkbox"/> Yes <input type="checkbox"/> No	Afternoons <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONAL							
Today's Date	Last Name		First Name			Middle	
Home Address		City			State		Zip Code
Home Phone	Message/Cell Phone		Are you over 18? If hired you will be required to submit proof of age. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Medicare eligibility standards require aides to be at least 18</small>				
Are you eligible to work in the United States?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 yrs or older?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(record if conviction does not necessarily disqualify you from employment consideration)</small>							
How did you learn about this job opening?				Names of relatives employed by this facility			
PROFESSIONAL LICENSES/CERTIFICATION							
Type	Number		State Issued		Date Issued		Expires On
Type	Number		State Issued		Date Issued		Expires On
Have you ever been refused professional licensure, or had a license/registration suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have any pending restrictions and/or suspensions on your current professional license/registration that would restrain you from performing this position? <input type="checkbox"/> Yes <input type="checkbox"/> No							
SKILLS							
Medical Terminology		<input type="checkbox"/> Yes <input type="checkbox"/> No		How many years experience of you have related to this position?			
CPR Certified		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, have you ever been certified?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Typing Speed (words per minute)			Computer Type Experience?			Software	
Other courses, classes, or skills which would be helpful to this position							
OVER PLEASE							

EMPLOYMENT HISTORY

At least 5 years, or 10 years if job related, most recent employer first

Explain lapses in employment between jobs.

Company		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
Address		Immediate Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Title	Nature of Duties		Wage
Employed From: Month: Year:	Employed To: Month: Year:		
Reason for leaving - Also, indicate resigned, discharged, etc.			
Company		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
Address		Immediate Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Title	Nature of Duties		Wage
Employed From: Month: Year:	Employed To: Month: Year:		
Reason for leaving - Also, indicate resigned, discharged, etc.			
Company		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number
Address		Immediate Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Title	Nature of Duties		Wage
Employed From: Month: Year:	Employed To: Month: Year:		
Reason for leaving - Also, indicate resigned, discharged, etc.			

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW

I hereby certify that the answers to the following questions are true to the best of my knowledge and agree to have any of the statements checked by Wasatch Peak Inc. unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying and hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a pre-placement physical examination and such future examinations as may be required. I understand that any job offer or my continuing employment, if hired, is contingent upon me being physical, mentally, and medically, able, with or without reasonable accommodations, to successfully perform the essential function of my job. I agree that the results of my medical/health screen may be released to appropriate agencies in the event of a worker's compensation injury and/or dispute on payment of a medical claim.

I understand that as part of my pre-placement physical examination, upon which any offer of employment is contingent, I will be required to successfully pass a drug screening test. The test will be administered at the facility's expense, and will require me to provide my urine specimen for analysis. The urine specimen will be analyzed for presence of marijuana, cocaine, phencyclidine (PCP), opiates, and amphetamines. Results of the drug test are confidential, and will not be disclosed to others without my specific written consent. My signature below specifically signifies my consent to the pre-placement drug screening test.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between Wasatch Peak Inc. or any subsidiary or affiliate and myself which would in any way restrict the right of Wasatch Peak Inc. to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment at will, and either I or Wasatch Peak Inc. may terminate the relationship at any time. I understand that any omission, misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentation herein or in conjunction with the application process may be cause for dismissal.

Applicants Signature _____ Date _____