



Longview

an Ithacare community

EMPLOYMENT APPLICATION ITHACARE CENTER SERVICES CO. INC.

GENERAL INFORMATION:

TODAY'S DATE: _____

Name _____
Last First MI

Social Security Number _____ Telephone (____) _____

Complete Address _____
Street

City State Zip Code

AVAILABILITY:

Position applying for _____ Salary expected _____

What date can you start? _____

What category would you prefer? Full-time _____ Part-time _____ Temporary _____ Fill-in _____

What shifts are you willing to work? Day _____ Evening _____ Night _____
Weekdays _____ Weekends _____

Are you at least 18 years of age? Yes ___ No ___ If no, state your age _____

Do you have a work permit? Yes ___ No ___

Have you ever been employed by Ithacare? Yes ___ No ___

If yes, give dates _____

Do you have relatives employed by Ithacare? Yes ___ No ___

If yes, give names _____

SECURITY:

Except for minor traffic violations, were you ever convicted of any violation of the law?

Yes ___ No ___ If yes, please explain _____

List states and counties of residence for the past seven years?

Have you used any names or Social Security Numbers other than given above?

If yes, please list _____

Is there any reasons why you can not reasonably perform the responsibilities and functions required by the position(s) for which you have applied? Yes ___ No ___

If yes, please explain _____

PERSONAL REFERENCES:

(not related to you and not previous employers)

Name	Address	Telephone #
1)		
2)		
3)		

EMPLOYMENT HISTORY:

MOST RECENT EMPLOYER
 1) Company Name: _____ Employed from: _____ to _____
 Address _____ Supervisor's Name _____
 Telephone (_____) _____ Reason for leaving _____

SECOND MOST RECENT EMPLOYER
 2) Company Name: _____ Employed from: _____ to _____
 Address _____ Supervisor's Name _____
 Telephone (_____) _____ Reason for leaving _____

THIRD MOST RECENT EMPLOYER
 3) Company Name: _____ Employed from: _____ to _____
 Address _____ Supervisor's Name _____
 Telephone (_____) _____ Reason for leaving _____

Can we contact the employers listed above? Yes ___ No ___
 If no, please explain _____

Have you served in the armed forces of the United States? Yes ___ No ___
 If yes, please describe and give areas of service. _____

EDUCATION:

Name	City/State	Dates of Attendance	Degree
High School			
College			
Other			

Special Skills and Qualifications: _____

AGREEMENT: I certify that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application will be considered sufficient cause for immediate discharge upon discovery thereof. I understand that any employment given me will be on a three (3) month working probationary basis unless otherwise stated. Employment with Ithacare is "at will." I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I also understand that use of illegal drugs is prohibited during employment and I am willing to submit to drug testing prior to and during employment.

 Signature of Applicant

 Date

For Personnel Department Use Only	
FT, PPT, PT, Temp (Circle)	Date of Employment _____
Job Title _____	Dept. _____ Hourly Rate/Salary _____
By _____	Date _____
Name and Title	