

ARCADIA NURSING & REHABILITATION CENTER

APPLICATION FOR EMPLOYMENT

Arcadia is an equal opportunity employee and will not discriminate on the basis of: race, color, national origin, ancestry, age, sex affectional or sexual orientation, marital status, a typical heredity cellular or blood trait, nationality, disability (including AIDS and HIV infection), and liability for service in the United States Armed Forces or any other legally protected status.

PERSONAL INFORMATION (PLEASE PRINT)

DATE: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE :_(_____) _____ SOCIAL SECURITY# _____ - _____ - _____

How did you learn about us? ____Advertisement ____Employment Agency ____Friend ____Relative
____Walk-In ____Other _____

If less than 18 years of age, do you have a work permit? Yes _____ No _____

Are you either an U.S. Citizen or an alien who is authorized to work in the United States? Yes _____ No _____

(If you answer "yes", you must complete the I-9 form required by the Immigration and Naturalization Service no later than three (3) business days after your date of hire).

Arcadia will make reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of its business. To be considered "qualified" under the Americans with Disabilities Act and applicable state law, an applicant must be able to perform the essential functions of a job with or without a reasonable accommodation. "Reasonable accommodation" is a modification or adjustment of a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity and does not cause an undue hardship on the employer.

Please review the attached job description and answer the following question:

Can you perform the essential functions of the position for which you have applied, with or without an accommodation by the Company? Yes _____ No _____

If you answered "NO", please identify what job functions you cannot perform, with or without an accommodation by the Company.

ARCADIA NURSING & REHABILITATION CENTER

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? _____ YES _____ NO

I RELEASE FROM ALL LIABILITY AND RESPONSIBILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION ABOUT ANY EMPLOYMENT EXPERIENCES LISTED ON THIS APPLICATION, INCLUDING MY PRESENT EMPLOYERS IF CONTACT WITH THEM IS AUTHORIZED BY ME. I UNDERSTAND THAT ANY EMPLOYMENT BY THIS COMPANY WILL BE ON A NINETY (90) DAY INTRODUCTORY PERIOD. I ALSO UNDERSTAND THAT IF I AM EMPLOYED BY ARCADIA NURSING & REHABILITATION CENTER, I WILL BE AN EMPLOYEE AT WILL AND THAT I CAN BE TERMINATED OR VOLUNTARILY END MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON. I ALSO AUTHORIZE ARCADIA NURSING & REHABILITATION CENTER, its AGENTS AND/OR REPRESENTATIVES TO INVESTIGATE ME AND MY PAST EMPLOYMENT AND IF I AM EMPLOYED, MAY RESULT IN DISCHARGE ANY TIME UPON OR AFTER THEIR DISCOVERY.

APPLICANT'S SIGNATURE

DATE

I hereby authorize Arcadia Nursing & Rehabilitation Center to release requested information to any company or organization in regard to employment or credit status.

Signature

Date

