



Sakura Intermediate Care Facility

APPLICATION FOR EMPLOYMENT – Page 1

At Sakura Intermediate Care Facility, we ensure the care of our clients by striving to hire only the best! Please complete the following application in its entirety (all 4 pages), and print in ink or type. We require every candidate to complete this application even if you are providing a resume. All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, national origin, religion, ancestry, marital status, gender, age, physical or mental handicaps or disability, sexual orientation, or any other consideration made unlawful by federal, state or local laws. If you have a disability, which requires an accommodation in the application or interview process, please notify us in advance.

EMPLOYMENT DESIRED

Position: _____ Full Time Part Time Temporary

Shift Desired: (if applicable) 1st Shift 2nd Shift 3rd Shift; OR Hours Available: _____

Acceptable Salary Level: _____ If hired, on what date can you start work: _____

Can you work weekends? Yes No Can you work overtime? Yes No

PERSONAL INFORMATION

Name: _____
 (Last) (First) (Middle)

Present Address: _____
 (Number and Street)

_____ (City, State, or Zip Code)

Telephone: () _____ Message Phone: () _____ :_____ am/pm

Best time to contact you at home is: _____

If under the age of 18, can you furnish a work permit? Yes No

If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire. Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted by any court of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state the nature of the crime(s), when and where convicted and disposition of the case? _____ Yes No

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, please describe the functions that cannot be performed: _____

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Do you have any friends or relatives working at this company? Yes No

If yes, list name(s) / position: _____

How did you hear about this position? _____

Why are you applying for work? _____

Do you currently hold a valid professional license or certification? Yes No

If yes, note type(s):
 State: _____
 Number: _____
 Expiration Date: _____

Are you currently attending school? Yes No

If yes, where _____

What subject(s) of special study or research work are you, or have you pursued? _____

WORK EXPERIENCE

Please list all employment for the last ten years. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____	Job Title: _____	Work Performed
Address: _____		_____
Supervisor's Name and Title: _____		_____
Work Phone: _____	May we contact: Yes____ No____	_____
Dates of Employment: From: _____ To: _____		_____
Hourly Rate/Salary: Starting: _____ Final: _____		_____
Reason for Leaving: _____		_____

Employer: _____	Job Title: _____	Work Performed
Address: _____		_____
Supervisor's Name and Title: _____		_____
Work Phone: _____	May we contact: Yes____ No____	_____
Dates of Employment: From: _____ To: _____		_____
Hourly Rate/Salary: Starting: _____ Final: _____		_____
Reason for Leaving: _____		_____

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

Comments: Include explanation of any gaps in employment.

EDUCATION

High School			
Name: _____		Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____			
College			
Name: _____		Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Major: _____	G.P.A.	_____
Other			
Name: _____		Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Major: _____	G.P.A.	_____

REFERENCES

List name and telephone number of three business/work references who are not related to you.

Name: _____	Telephone: _____	Years Known: _____
Name: _____	Telephone: _____	Years Known: _____
Name: _____	Telephone: _____	Years Known: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility on or before the first day of work.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or myself. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the company Administrator.

I have read and fully understand the previous statements.

Signature	Printed Name	Date
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