

EMPLOYMENT APPLICATION

DIRECTIONS:

Respond to ALL Questions. If a particular question does not apply to you, or the position for which you are applying, indicate N/A in the appropriate blank. PLEASE PRINT PLAINLY. Incomplete applications will not be considered.

EQUAL OPPORTUNITY EMPLOYER

Asta Healthcare Company will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability or handicap. Any information received on the applicant will not be used for impermissible purposes.

Personal

Name	Last	First	Middle Initial	Social Security No.	Date of Application
Address			City	State	Zip Code
How did you hear of job opening?				Home Phone	Business Phone
Are employment records pertaining to you kept under any other name? If yes, give full name. <input type="checkbox"/> Yes <input type="checkbox"/> No				If under 18 years of age, Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency notify:		Name		Phone	

Position Desired

Position Applied for:	(Be Specific)	Salary Expected	
		\$	Per
Dates Available		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Shifts Preferred	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> All	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service

List Military Service	Your Specialty	Date of Discharge	Reserve Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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License or Certification

Type	State	Date Received	Last Renewal	Certificate Number	Examination or Reciprocity
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

Education

Are you attending school now?	Course of Study
Circle last year of school completed	
1 2 3 4 5 6 7 8 9 10 11 12	College 1 2 3 4 5 6 7 8
High School	City State
College or Nursing	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No
	Average <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box that best describes your attendance at your most recent place of employment. Excellent Good Average

Have you ever previously completed an application for employment with Asta Healthcare Company? Yes No When?

Have you ever worked for Asta Healthcare Company before? Yes No When?

Position Title _____ Supervisor _____ Reason for Leaving _____

Approximate dates From: _____ To: _____

Work History (Record U.S. Military Service as a position)

List names of all present and former employers, beginning with most recent. Explain gaps in employment. (attach additional sheet if necessary)

Position Title	Employer & Phone #	Address including Zip Code	From	To	Position Responsibilities	Reason for Leaving	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Title of Immediate Supervisor and Starting and Ending Salary
a.								\$ Per \$ Per
b.								\$ Per \$ Per
c.								\$ Per \$ Per
a.								\$ Per \$ Per
b.								\$ Per \$ Per
c.								\$ Per \$ Per
a.								\$ Per \$ Per
b.								\$ Per \$ Per
c.								\$ Per \$ Per

Signature (Incomplete applications will not be considered)

NOTICE: I understand that this employment application and any other documents are not contracts of employment, express or implied, and that if hired, I may voluntarily leave employment, or may be terminated by the Company at any time for any reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me.

The information given by me is certified to be true and complete for all practical purposes and it may be verified by Asta Healthcare Company. Should a position be offered and later it is found that the information is untrue, incomplete, or misrepresented, I understand and agree that Asta Healthcare Company is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I also understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States. It is further understood that I may be offered employment conditional to my successfully passing a drug test and/or physical exam to the satisfaction of the Company.

Asta Healthcare Company is required by law to ask the following questions and may be required to report the answers to governmental agencies responsible for supervising nursing home activity:

1. Have you ever been convicted and/or been found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If so, please describe the offense, the date and place of conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.
 Yes No

2. Have you ever been convicted of: (1) a felony, (2) cruelty to persons, or (3) assault of a victim sixty years or older? If so, please describe the offense, the date of conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.
 Yes No

3. Has any discipline been imposed on you by a healthcare licensing agency in this or any other state, or in any other United States or foreign jurisdiction? If so, please identify the nature and date of this action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness for employment.
 Yes No

"I hereby certify that I have not been convicted and/or found guilty of resident abuse, neglect, or mistreatment, or of misappropriation of resident property in this state or any other state and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by Asta Healthcare Company is conditional upon verification of this information with the state patient abuse registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment."

"I further understand that if I'm applying for a Nurse's Aide/Assistant position, any offer of employment by Asta Healthcare Company is conditional upon verification of my state certificate as a nurse's aide. In the event that I have not yet been so certified and in the event that I am offered employment with Asta Healthcare Company, I agree to undertake the required training and competency certification requirements immediately upon commencing employment."

(Signature of Applicant) (Date)

(Print Name as Written Above)

PLEASE SEE REVERSE SIDE OF THIS PAGE FOR IMPORTANT INFORMATION

INVESTIGATION INFORMATION RELEASE AUTHORIZATION

I understand that Asta Healthcare Company requires a thorough pre-employment background investigation. This investigation is limited to only that information required to determine fitness for employment and will include, but is not limited to: employment history verification, work-related injuries/claims/lawsuits, driving history, credit history, job performance, disciplinary record and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, private individual or government agency requested to provide information to verify the information contained on my application for employment.

DATE

APPLICANT SIGNATURE