

APPLICATION FOR EMPLOYMENT

Confidential

BLOUNTSTOWN FL OPERATOR(BFO)

DBA BLOUNTSTOWN HEALTH AND REHAB CENTER

16690 SW CHIPOLA ROAD
BLOUNTSTOWN, FL 32424

Personal Information	Date of Application _____	Date Available _____
		Social Security Number _____
Name _____	Last First Middle	
Present Address _____	Street City State Zip Code	Phone # _____
Permanent Address (if Different than Present Address) _____		Phone # _____
If you cannot be reached at the above phone number, where may we contact you? Name of Person _____ Phone _____		

Education

Circle Highest Grade Completed 8 9 10 11 12

	Name of School	Location (City & State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes / / Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes / / Date	

Professional Licenses and/or Certifications			
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

 Last First Middle Initial

Have you ever been convicted of a crime? Yes No If yes, for what, when and where?

Convicted of a criminal offense will not necessarily preclude your employment.

In the absence of a lengthy work history, use this space to give us further information which will assist us in placing you, including at least two personal references with phone numbers, not related to you, who you have known at least one year.

Please Indicate Days & Hours You Are Available For Work (Be Specific)			Availability Record	
Day	From	To	Primary Position desired _____	
Sunday	A.M.	A.M.	Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.		
Monday	A.M.	A.M.	Are you available to work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.		
Tuesday	A.M.	A.M.	Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> PRN? (as needed)	
	P.M.	P.M.		
Wednesday	A.M.	A.M.	Are You 18 Yrs. Of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.		
Thurs	A.M.	A.M.	Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.		
Friday	A.M.	A.M.	May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.		
Saturday	A.M.	A.M.	How did you learn of this opening? _____	
	P.M.	P.M.		
			Do you limit your annual earnings due to Social Security or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, please state what is the maximum amount you wish to earn _____	

I understand that operational conditions may require me to temporarily work shifts or locations other than the one for which I am applying and I agree to such scheduling changes as directed by my department head or administrator or the institution.

Employment Understanding (Please Read and Sign)

Regency Care of Blountstown(BFO) is an Equal Opportunity Employer that provides equal opportunity to all employees and applicants for employment without regard to race, color, religion, age, sex, gender, genetic information, national origin, physical or mental disability, veteran status, or any other characteristic protected by federal, state, or local law. Any applicant who, because of disability, needs accommodation or assistance in completing this application or at any time during the application process, should contact the Human Resources Department. BFO also provides reasonable accommodation to employees with disabilities consistent with its obligations under law.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations applying such information. My application for employment is submitted with the understanding that a health questionnaire, satisfactory to the employer is required subject to the applicable state laws before employment can begin.

I certify that the answers given by me during the application process are correct and without omissions. If I am hired and the company later discovers that anything contained in my application is untrue, I understand that I will be subject to dismissal. I understand that BFO reserves the right to conduct pre- and post- employment drug screening and that I may be subject to testing as required by state law. I understand that BFO is authorized to obtain a criminal record check as required by state law.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement, or contract of employment. I further understand that BFO is an *at-will* employer and that I have the right to terminate my employment at any time, and that BFO also may terminate my employment at any time for any reason with or without cause or advance notice, except as prohibited by law.

If employed, I will be required to complete an Employment Verification Form (I-9), and within **three days** show satisfactory evidence of identity and eligibility for employment, which includes a valid driver's license and social security card or birth certificate.

All prospective employees of BFO must be free of communicable diseases including, but not limited to tuberculosis. Please be prepared to provide proof of tuberculosis status if/when you come for an interview, if you have tested positive in the past.

Applicant Signature

Date