



Application for Employment

PERSONAL INFORMATION

Applicant's Full Name: _____

Date of birth: _____ Social Security#: _____

Contact Information: Phone#: _____ Email: _____

Current address: _____

Street City State/Zip

Permanent address (if different from above): _____

Driver's license#: _____ State: _____

If you are under 15 years of age, can you furnish a work permit? YES NO

Employment desired:

FULL TIME: _____ PART TIME: _____ TEMP: _____ SEASONAL: _____

Position: _____ Date you want to start: _____

SALARY DESIRED: _____ PREVIOUS PAY (optional): _____

Are you currently employed? _____ May we contact your employer? _____

Have you ever applied to this company before? YES: NO:

Date: _____ Position previously applied for: _____

Are you on lay-off and subject to recall? YES: NO:

Will you relocate or travel if job requires it? YES: NO:

Will you work overtime if required? YES: NO:

Are you able to meet the attendance requirement of this position? YES: NO:

Have you ever been bonded? YES: NO:

Have you ever been convicted of a felony in the last 7 years? YES: NO:

*****Such conviction may be relevant if job related, but does not bar you from employment. If yes - explain: _____



EDUCATION/ TRADE

Education	Name & location of school	# of years Completed	Did you graduate?	Subject Studied
<i>Currently attending</i>				
<i>Last Complete</i>				
<i>Current Trade or Business</i>				
<i>Last Completed Trade or business</i>				

SPECIAL SKILL

Any qualifications or special skills that may qualify you to work with this company? List below.

WORK EXPERIENCE

Date: Month and Year	Name and Location of employer	Salary	Job Title	Reason for leaving

REFERENCES: Give the names of three persons not related to you whom you have known for at least 1 year.

Name	# of years acquainted	Relationship	Phone Number



LANGUAGE

List any foreign language(s) and check the box that best described your skill level.

Language	Read and Write	Read and speak	Speak only

In case of emergency notify

Contact:

Name	Address	Relationship
Phone#: 1. _____ 2. _____		

CONDITION OF EMPLOYMENT (Please initial in the provided space if you agree):

____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and / or worksites, shall be grounds for disciplinary action, including discharge from ROYALNOVA HEALTHCARE, INC.

____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and or separation from employer's services, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, from ROYALNOVA HEALTHCARE, INC. The company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representation of the Employer has the authority to make any assurances to the contrary.

____ I give ROYALNOVA HEALTHCARE, INC. the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability ROYALNOVA HEALTHCARE, INC and its representatives/affiliates/associates for seeking such information and all other persons, corporations or organizations for furnishing such information.

____ ROYALNOVA HEALTHCARE, INC is an Equal Opportunity Employer, and does not discriminate in employment and no question on this application is used for that purpose of limiting any applicant's consideration for employment on the basis of prohibition by local, state, and or federal law.

____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director, or affiliate of any party), including but not limited to common law, statutory, tort or contractual claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company. Panel of mediators and will notify designated company, in writing to initiate the selection process.



This application and the information provided is current for 60 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant Signature

Date

AGENCY MANAGEMENT USE ONLY: