



**SANTA RITA NURSING & REHABILITATION CENTER**  
**Green Valley, Arizona**

**EMPLOYMENT APPLICATION**

<b>PERSONAL INFORMATION</b>		<b>DATE:</b>
<b>NAME</b> (Last, First, MI)		<b>Social Security Number:</b>
<b>ADDRESS</b> (Street, City, State, Zip)		<b>1<sup>st</sup> Phone:</b>
<b>US Military Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch:</b>		<b>2<sup>nd</sup> Phone:</b>

<b>EMPLOYMENT DESIRED</b>	<b>POSITION DESIRED:</b>	<b>DATE AVAILABLE:</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Pool <b>Specific Hours/Days</b>		<b>Referred By:</b>
<b>Previous Employment at Santa Rita:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, date &amp; position:</b>		<b>Previous Application to Santa Rita:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, date:</b>

<b>EDUCATION</b>		
<b>High School</b> (Name & Location)	<b>Years Attended:</b>	<b>Graduated:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>GED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Colleges</b> (Name & Location)	<b>Years Attended:</b>	<b>Subjects Studied:</b>  <b>Degrees:</b>
<b>Trade, Business, Professional School/Training</b> (Name & Location)	<b>Years Attended:</b>	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma  <input type="checkbox"/> Other (Describe)

**Current Professional Registrations/Licenses/Certifications** (Include location & date of original issuance).

Have you ever been convicted of a crime for which you served a jail or prison sentence or were placed on probation?  No  Yes  
 Are you currently awaiting trial for any criminal offense?  No  Yes  
 Have you ever initiated an act of violence in the workplace?  No  Yes

*A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer.*

This employer participates in E-Verify. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.



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<b>FORMER EMPLOYMENT</b> (List last four employers with most recent employment first)					
<b>DATE</b>	<b>NAME &amp; ADDRESS</b>	<b>PHONE #</b>	<b>POSITION</b>	<b>SALARY</b>	<b>REASON FOR LEAVING</b>
<b>From</b>					
<b>To</b>					
<b>From</b>					
<b>To</b>					
<b>From</b>					
<b>To</b>					
<b>From</b>					
<b>To</b>					

<b>REFERENCES</b> (List three persons, unrelated to you, whom you have known for at least one year)	<b>PHONE #</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>
<b>NAME/ADDRESS</b>			
1)			
2)			
3)			

**AUTHORIZATION:** "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the provided information, unless in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal laws."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

<b>APPEARANCE</b>		<b>PERSONALITY</b>		<b>ABILITY</b>
<b>COMMENTS: HIRED</b> [ ] <b>Yes</b> [ ] <b>No</b>				
<b>POSITION</b>	<b>SALARY</b>	<b>START DATE</b>	<b>HIRING SUPERVISOR</b>	