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Last Name

First Name

Position Desired

Date

# JHA Management Services, LLC Application for Employment



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Your life. Your community.

**PERSONAL INFORMATION**

<b>Name:</b>			<b>Social Security Number</b>
Last	First	Middle	
<b>Present Address:</b>			<b>Phone Number</b>
Street	City	State, Zip Code	
<b>Permanent Address:</b>			<b>Phone Number</b>
Street	City	State, Zip Code	
If you cannot be reached at the above phone number, where may we contact you?			
Phone	Name of Person		

**EMPLOYMENT DESIRED**

type of work desired	shift	salary	How did you learn of this opening?	
First Choice			Will you accept employment of :	
Second Choice			<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary	
			Date Available	If under 18 yrs of age, do you have a Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
			/ /	

**EDUCATION/TRAINING**

school	name and address of school	courses taken	did you graduate?	diploma, degree, or certificate received
<b>High School</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
<b>College</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
<b>Lab or X-ray Training</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	

**Other Classes/Training****Extracurricular Activities while in School****Areas of Specialization or Major Interest****Professional Organization Membership, Honors Received, Volunteer or Community Service, or Other Qualifications you have which you feel are related to the position for which you are applying:****PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type	Organization or State Issued	Date Issued	Number

**MILITARY RECORD**

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: \_\_\_\_\_

List Service Awards, Commendations: \_\_\_\_\_

**EMPLOYMENT HISTORY**

list current (or most recent) employer first and all others in reverse chronological order.

<b>Company Name</b>	<b>Dates Employed</b>		
	from	month   year	to month   year
<b>Address (Street, City, State, Zip)</b>	<b>Phone</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
		\$	\$
<b>Position Title</b>	<b>Immediate Supervisor's Name and Title</b>		
<b>Job Description &amp; Responsibilities</b>			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Company Name</b>	<b>Dates Employed</b>		
	from	month   year	to month   year
<b>Address (Street, City, State, Zip)</b>	<b>Phone</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
		\$	\$
<b>Position Title</b>	<b>Immediate Supervisor's Name and Title</b>		
<b>Job Description &amp; Responsibilities</b>			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Company Name</b>	<b>Dates Employed</b>		
	from	month   year	to month   year
<b>Address (Street, City, State, Zip)</b>	<b>Phone</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
		\$	\$
<b>Position Title</b>	<b>Immediate Supervisor's Name and Title</b>		
<b>Job Description &amp; Responsibilities</b>			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Company Name</b>	<b>Dates Employed</b>		
	from	month   year	to month   year
<b>Address (Street, City, State, Zip)</b>	<b>Phone</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
		\$	\$
<b>Position Title</b>	<b>Immediate Supervisor's Name and Title</b>		
<b>Job Description &amp; Responsibilities</b>			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Company Name</b>	<b>Dates Employed</b>		
	from	month   year	to month   year
<b>Address (Street, City, State, Zip)</b>	<b>Phone</b>	<b>Starting Salary</b>	<b>Ending Salary</b>
		\$	\$
<b>Position Title</b>	<b>Immediate Supervisor's Name and Title</b>		
<b>Job Description &amp; Responsibilities</b>			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**REFERENCES****please list three professional references who are not relatives**

name	title	company name	address	&	telephone
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Use this space to give us further information which may assist us in placing you.

**AVAILABILITY INFORMATION**

Please indicate days and hours you are available for work (Please be specific.)

day	from	to	
Sunday	AM/PM	AM/PM	<b>Primary Position Desired</b> _____ <b>Will you accept another position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If so What?</b> _____
Monday	AM/PM	AM/PM	
Tuesday	AM/PM	AM/PM	
Wednesday	AM/PM	AM/PM	
Thursday	AM/PM	AM/PM	<b>Are you available to work:</b> <b>Weekends</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Rotating Shifts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Holidays</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>On Call</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Friday	AM/PM	AM/PM	
Saturday	AM/PM	AM/PM	

**Conviction of a criminal offense will not necessarily preclude your employment.**Have you ever been convicted of a crime?     Yes     No

If so, for what, when and where? \_\_\_\_\_

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution. I further understand if my availability status changes, it is my responsibility to notify my supervisor, department head or the administrator. Such changes will be effective, then, for any future employment.

JHA Management Services, LLC (JHAM) does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give JHAM 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 supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by JHAM at such times and places as JHAM shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

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.

Applicant's Signature

Date

# JHA Management Services, LLC

## ADDENDUM TO APPLICATION FOR EMPLOYMENT

*This page is included as part of the Application for Employment  
and meets the standards of Corporate Compliance*

Please answer the following questions:

1. Have you ever been, or are you now, excluded from participation in a Federal health care program?  Yes  No
  
2. Have you ever been convicted of an offense, excluding minor traffic violations, that would preclude employment? (offenses would include neglect, violence, theft/dishonesty, financial misconduct, or other offenses that may result in harm to a resident and/or fraud to a health care payor.)  Yes  No
  
3. Do you hold a professional license or certification (for example, RN, LPN, CNA/CMT, OT, PT, ST, etc.)?  Yes  No  
If yes, is it now or has it ever been suspended, revoked or had limitations placed on it?  Yes  No

By signing below I certify the above information is correct.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date