

OFF. USE ONLY:

MO YR

LAST NAME: _____
(Please Print)

FIRST NAME: _____

MIDDLE INITIAL: _____

HUMAN RESOURCES USE ONLY

Date
Call In
Confirm
Check References
File Holding

Carrington of SHAFTER

APPLICATION FOR EMPLOYMENT

Carrington of Shafter

250 E. Tulare

Shafter, CA 93263

Equal Opportunity Employer M/F/D/V

TO THE APPLICANT: Carrington of Shafter is committed to equal employment opportunity ensuring that qualified applicants regardless of race, color, age, religion, sex, national origin, veteran status or physical/mental disability are given every opportunity for equal employment, training and promotion.

PERSONAL	NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY #	TELEPHONE		*EXISTENCE OF A CRIMINAL RECORD IS NOT AN AUTOMATIC BAR TO EMPLOYMENT				
	PRESENT ADDRESS	CITY	STATE	ZIP CODE					
	US CITIZEN OR PERMITTED TO WORK IN U.S.? YES NO	UNDER AGE 18? YES NO							
	HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION (FINES LESS THAN \$100 DOLLARS) NO YES (IF YES, EXPLAIN)*					HOW WERE YOU REFERRED TO US?			
	PERSON TO CONTACT, IF WE ARE UNABLE TO REACH YOU	RELATOINSHIP	ADDRESS			PHONE			
POSITIO N	POSITION APPLYING FOR			FULL TIME	WEEKENDS ACCEPTABLE** YES NO				
	DATE AVAILABLE			PART TIME				SALARY REQUIREMENT	
				PER DIEM					
EDUCATION	NAMES & ADDRESSES OF SCHOOLS ATTENDED				MAJOR FIELD OF STUDY		GRADE POINT AVERAGE	GRADUATE	
	High School							YES	NO
	College or University (1 st)								
	College or University (2 nd)								
	Technical School or Other								
Other Education, Special Training or Courses Completed					Typing Speed?				
PROFESSIONAL	For Professional Applicants Only (Registered Nurses, Physical Therapist, Registered Dietitian, etc.)								
	Where did you receive your professional training?								
	Dates (From-To)				Place of Registration			Registry/Certification/License Number & Expiration Date	
MILITARY	U.S. Military Service YES NO		Dates of Service	Description of Duties					
	Branch of Service								
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT LAST NAME?									
HAVE YOU EVER BEEN EMPLOYED WITH Carrington of Shafter/VASINDA COMPANIES OR ITS AFFILIATES?									
WHEN:					IN WHAT POSITION:				

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER, ACCOUNT FOR ALL PERIODS OF EMPLOYMENT INCLUDING PART TIME OR SHORT TERM POSITIONS

EMPLOYMENT HISTORY	1	PRESENT OR LAST EMPLOYER		DATES EMPLOYED		YOUR TITLE AND DESCRIPTION OF DUTIES	REASON FOR CONSIDERING CHANGE	
		ADDRESS	ZIP CODE	FROM	TO			
				MO./YR	MO./YR			
		CITY	PHONE					
	IMMEDIATE SUPERVISOR				FULL TIME PART TIME		STARTING SALARY	FINAL SALARY
	MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO							
	2	PRESENT OR LAST EMPLOYER		DATES EMPLOYED		YOUR TITLE AND DESCRIPTION OF DUTIES	REASON FOR CONSIDERING CHANGE	
		ADDRESS	ZIP CODE	FROM	TO			
				MO./YR	MO./YR			
		CITY	PHONE					
	IMMEDIATE SUPERVISOR				FULL TIME PART TIME		STARTING SALARY	FINAL SALARY
	3	PRESENT OR LAST EMPLOYER		DATES EMPLOYED		YOUR TITLE AND DESCRIPTION OF DUTIES	REASON FOR CONSIDERING CHANGE	
		ADDRESS	ZIP CODE	FROM	TO			
				MO./YR	MO./YR			
		CITY	PHONE					
	IMMEDIATE SUPERVISOR				FULL TIME PART TIME		STARTING SALARY	FINAL SALARY
4	PRESENT OR LAST EMPLOYER		DATES EMPLOYED		YOUR TITLE AND DESCRIPTION OF DUTIES	REASON FOR CONSIDERING CHANGE		
	ADDRESS	ZIP CODE	FROM	TO				
			MO./YR	MO./YR				
	CITY	PHONE						
IMMEDIATE SUPERVISOR				FULL TIME PART TIME		STARTING SALARY	FINAL SALARY	
Account for all periods of unemployment other than when you were in school. Extra inserts available if more space is needed. Entire work record must be included.								
DATES			REASONS					
Describe any other experiences skills or qualifications which you fell help qualify you for employment with Carrington of Shafter/Vasinda Companies								

PLEASE READ BEFORE SIGNING - I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND MAY BE INVESTIGATED.
 I understand if in the judgment of Carrington of Shafter/Vasinda Companies, any information has been misrepresented, falsified or omitted, any offer of employment may be withdrawn or any employment terminated without obligation or liability on the part of the employer. I authorize Carrington of Shafter/Vasinda companies to act as my AGENT in obtaining information from any person or company concerning myself, without liability to such person or company, or to Carrington of Shafter/Vasinda companies. I understand that Carrington of Shafter/Vasinda Companies operates 24 hours per day, 7 days per week and that weekend work or changes may be required during my employment. I understand also that my employment at Carrington of Shafter/Vasinda Companies is conditional upon completion of pre-employment/post-offer Drug Screening and Physical Examination and certification by the Employee Health/Human Resources Department and that I am able to undertake the job duties of the position to be filled**.

APPLICANT SIGNATURE _____ DATE: _____

Additional space for applicant explanations: _____

APPLICANT SIGNATURE _____ **DATE:** _____

EMPLOYER USE ONLY

COMMENTS:		
STARTING DATE:	JOB TITLE	RATE OF PAY/COMPENSATION INFORMATION:
EMPLOYEE CLASSIFICATION FULL TIME PART TIME PER DIEM	ASSIGNED HOURS	FACILITY ASSIGNMENT
DATE POSITION ACCEPTED OR DECLINED & REASON:	APPROVAL SIGNATURE/TITLE	APPROVAL SIGNATURE/TITLE

APPLICATION INSERT PAGE

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