



## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ SSN \_\_\_\_\_

Have you ever used or been known by any other name or social security number? \_\_\_\_\_

If you answered yes to the last question; please list names or social security numbers used: \_\_\_\_\_

Position applying for \_\_\_\_\_ Desired Salary \_\_\_\_\_

How did you hear about our open positions? \_\_\_\_\_ Friend \_\_\_\_\_ Internet \_\_\_\_\_ Walk-in \_\_\_\_\_ Sign  
\_\_\_\_\_ Ponce Website \_\_\_\_\_ Newspaper \_\_\_\_\_ Other

Telephone number(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other)

Email Address \_\_\_\_\_

Current address \_\_\_\_\_  
Street City State Zip

*If you have lived at the above address less than twelve months, list previous address:*

Former address \_\_\_\_\_  
Street City State Zip

Are you at least 18 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you either a U.S. citizen or legally authorized to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Proof of citizenship or right to work status will be required at time of hire).

Do you have adequate means of transportation to get to work on time each day and when called in on short notice:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Do you meet the qualifications and have the ability to perform the essential job functions of the job you are applying for?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please explain: \_\_\_\_\_

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Have you ever been convicted of, pled guilty to or have any pending actions by court of law?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Is there any reason you should not work in a healthcare setting?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been released from confinement following a conviction for any criminal felony offense?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Are you presently charged with any felony violations of law?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If your response to any of the preceding three questions was "YES", give the date, place and nature of each such conviction or pending charge.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you can begin work: \_\_\_\_\_

Shifts and days you can **NOT** work: \_\_\_\_\_

Preferred days/shifts: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ Fri  
\_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_ PRN

Will you work overtime whenever scheduled or requested? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been employed by this facility? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give ***position, dates employed, reason for leaving and supervisor name***: \_\_\_\_\_

\_\_\_\_\_

Do you know or are you related to anyone employed with this facility, if yes list name(s)? \_\_\_\_\_

Would you accept part-time work? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you accept temporary work? YES \_\_\_\_\_ NO \_\_\_\_\_

List any special skills you possess: \_\_\_\_\_

\_\_\_\_\_

List business machines and/or Nursing Home equipment you can operate. Please note any special training, ie: I.V. Therapy, etc.:

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Circle the highest grade completed:        1   2   3   4   5   6   7   8   9   10   11   12

**HIGH SCHOOL / GED:**

Name/Location: \_\_\_\_\_

Diploma?        \_\_\_\_\_ YES        \_\_\_\_\_ NO                      GED?        \_\_\_\_\_ YES        \_\_\_\_\_ NO

**COLLEGE:**

Name/Location: \_\_\_\_\_

Diploma?        \_\_\_\_\_ YES        \_\_\_\_\_ NO                      Indicate Degree(s): \_\_\_\_\_

Major subjects: \_\_\_\_\_

**TECHNICAL/SPECIALIZED TRAINING:**

Name/Location: \_\_\_\_\_

Did you complete?        \_\_\_\_\_ YES        \_\_\_\_\_ NO

Type of Training: \_\_\_\_\_

**CERTIFICATES, REGISTRATIONS, LICENSES (DESIGNATE STATE):**

Copies of resumes, certificates, registrations, licenses, diplomas, degree attached?  
(Amount of education considered necessary will vary according to job applied for).        \_\_\_\_\_ YES        \_\_\_\_\_ NO

**EMPLOYMENT HISTORY:** List all previous employers, most recent first, for whom you have worked during the last five years. Explain any lapses between times when employed. **PHONE NUMBERS MUST BE LISTED.**

**NOTE:** References will be questioned as to your temperament for working with others in meeting health care needs. They will also be called upon hire and asked to agree or disagree that you would work well in serving others in a health care setting.

**Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address (City / State)** \_\_\_\_\_

**Dates employed - From** \_\_\_\_\_ **To** \_\_\_\_\_ **Position** \_\_\_\_\_

**Salary - Beginning \$** \_\_\_\_\_ **Ending \$** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Title/Duties** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

May we contact this employer?        \_\_\_\_\_ YES        \_\_\_\_\_ NO

**Reference Check Comments (Office Use Only)** \_\_\_\_\_

\_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
Address (City / State) \_\_\_\_\_  
Dates employed - From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Salary - Beginning \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title/Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO  
**Reference Check Comments (Office Use Only)** \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
Address (City / State) \_\_\_\_\_  
Dates employed - From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Salary - Beginning \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_ Supervisor \_\_\_\_\_  
Title/Duties \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO  
**Reference Check Comments (Office Use Only)** \_\_\_\_\_

Comments regarding lapses, if applicable \_\_\_\_\_

Have you ever been discharged from a job or forced or asked to resign? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD:** The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations. The Ponce Therapy Care Center does not discriminate on the basis of race, color, religion, national or ethnic origin, sex, sexual orientation, age, disability, or veteran's status, in its health care delivery program(s) and activities or with regard to employment.

Are you now a member of a Reserve or National Guard Unit? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Were you in the U.S. Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, what branch? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
Date of Duty, From \_\_\_\_\_ To \_\_\_\_\_

**ADDITIONAL QUESTIONS / COMMENTS BY APPLICANT**  
(Space provided for you in completing Application for Employment):

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I hereby certify that all of the facts and information listed on my Employment Application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize The Ponce Therapy Care Center to investigate all statements contained in this application, to interview the references and previous employers listed to give The Ponce Therapy Care Center all the facts, opinions and evaluations concerning my previous employment and any other information they may have personal or otherwise, and release all such parties from any liability, which may allegedly arise from furnishing such information to The Ponce Therapy Care Center, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or company medical examination or inquiry, including a drug screen test. If then employed, I understand I will be required to service a ninety (90) day introductory period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my introductory period, at the option of either The Ponce Therapy Care Center or of myself. I understand that no supervisor or other representative of The Ponce Therapy Care Center, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment of my continued employment, that I may be requested by The Ponce Therapy Care Center to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand, and agree with the above.

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**SIGNATURE OF APPLICANT**

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**DATE**

***Equal Employment Opportunity Statement***

*It is the policy of the Company to prohibit discrimination and harassment of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws. The Ponce Therapy Care Center complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruitment, employment, promotion, transfer, training, working conditions, wages and salary administration, and employee benefits.*