



**BETHESDA OF BERESFORD
APPLICATION FOR EMPLOYMENT**

First Name _____ Middle Name _____ Last Name _____
 Prefix _____ Suffix _____ Social Security Number _____
 Date of Birth _____
 Street Address, City, State, Zip _____
 Primary Phone _____ Secondary Phone _____
 Email Address _____

Position(s) desired _____

*Required fields

BACKGROUND INFORMATION

Have you ever been employed or attended school under another name?*	Y/N	Please list:
Are you eligible to work in the United States?*	Y/N	
Have you ever been employed by Bethesda of Beresford?*	Y/N	Please list:
Are you at least 18 years of age?*	Y/N	
May your current employer be contacted?*	Y/N	

EMPLOYMENT PREFERENCE

Pay Desired* (US dollars)	Position status desired* (circle all that apply) FT PT PRN
Shifts available to work?*	Indicate the time you cannot work:*
Day Evening Night Weekend	
Date available to start work or length of notice needed to give current employer?*	How did you learn of this opening?*

EDUCATION (i.e., Diploma, Associate Degree, Bachelor Degree, Master's Degree, Ph.D.)

School	Name, City & State of School	Degree, Course or Major	Number of years attended	Currently enrolled?	Graduated?
High School/GED*					
College/University					
Professional/Trade					
Graduate School					
Other					
Languages spoken or written					

LICENSURE/CERTIFICATION/REGISTRATION (i.e., ACLS, CNA, LPN, RN)

Type	Number	State	Exp. Date

JOB SKILLS

Keyboarding: Speed:
Data Entry: Speed:
Have you used a personal computer including a mouse in the past year?
Programs you know (word processing, e-mail, other):

EMPLOYMENT HISTORY/REFERENCES

Beginning with your present or most recent job, list all periods of employment and unemployment. Bethesda may contact any and all references including present employer unless otherwise indicated in one of the text boxes below.

Employer 1	
Company*:	
Address*:	
Your Title*:	
City, State, Zip*:	
Supervisor*:	
Supervisor's Title*:	
Supervisor's E-mail:	
Phone*:	
Employed From*:	To*:
Types of Duties*:	
Current Salary*:	
Reason for Leaving*:	

Employer 2	
Company*:	
Address*:	
Your Title*:	
City, State, Zip*:	
Supervisor*:	
Supervisor's Title*:	
Supervisor's E-mail:	
Phone*:	
Employed From*:	To*:
Types of Duties*:	
Current Salary*:	
Reason for Leaving*:	

Employer 3	
Company*:	
Address*:	
Your Title*:	
City, State, Zip*:	
Supervisor*:	
Supervisor's Title*:	
Supervisor's E-mail:	
Phone*:	
Employed From*:	To*:
Types of Duties*:	
Current Salary*:	
Reason for Leaving*:	

ADDITIONAL REFERENCES (excluding relatives and friends)

Reference 1	
Name*:	Profession*:
Address:	City:
State:	Zip:
Phone*:	E-mail:

Reference 2	
Name*:	Profession*:
Address:	City:
State:	Zip:
Phone*:	E-mail:

Reference 3	
Name*:	Profession*:
Address:	City:
State:	Zip:
Phone*:	E-mail:

CONDITIONS OF APPLICATION OF EMPLOYMENT

I understand that any false statements in this application may be cause for rejection or termination of my employment with Bethesda of Beresford. I also grant permission to Bethesda to investigate my former employment and references, education, and personal background. I also grant to my former employers and references the authority to release information about me to Bethesda. In consideration of my potential employment with Bethesda, I absolve Bethesda, former employers, and references for any liability with respect to providing information about me, including my employment and attendance record and reasons for termination. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by Bethesda and me in writing.

In consideration for employment with Bethesda, if employed, I agree to conform to the rules, regulations, policies and procedures of Bethesda at all times and understand that such compliance is a condition of employment. I understand that if I accept an offer of employment with Bethesda, I will be required to submit to a pre-employment health assessment and background check as a condition of employment. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I agree to the statements of the authorization above*.
(Signature)

Printed Name*	Date* (mm/dd/yyyy)
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