APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Appl	ied for:					Date o	f Application:
	earn about us? rtisement byment Agency	Friei Rela			Walk-In Other		
Last Name	symone rigoney	First Name			Middle Name		
Last Ivanic		Trist Name			Wilddie Ivanie		
Address	Number	Street	City		State	Zip Co	ode
Telephone Nui	mber(s)				Social Securit	y Number	
_						· 	
If you are und	der 18 years of age,	can you provide	required proof of you	ur eligil	bility to work?	YES	NO
Have you eve	er filed an application	n with us before?				YES	NO
				If y	es, give date		
Have you eve	er been employed w	th us before?				YES	NO
				If y	es, give date		
Are you curre	ently employed?					YES	NO
May we conta	act your current emp	loyer?				YES	NO
because of V	ented from lawfully bisa or Immigration Ship or immigration status	tatus?	•			YES	NO
On what date	would you be availa	able to work?					
Are you avail	able to work:	Full Time	Part Time		_Shift Work	Te	mporary
Are you curre	ently on "lay-off" state	us and subject to	recall?			YES	NO
Can you trave	el if job requires it?					YES	NO
	er been convicted of ot necessarily disqualify a					YES	NO
If yes, Please	e explain:						

Employment Experience

Start with your present or last job, include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	ployer:		mployed	Work Performed	
		From	То	WOLK I ellormed	
Address:					
Telephone Number(s):		Hourly ra	ite/Salary		
			Final		
Job Title:	Supervisor:	Starting			
Reason for Leaving:	l		l l		
Employer:		Dates Er	mploved	XX. 1 D. 6 1	
1 0		From	То	Work Performed	
Address:					
Telephone Number(s):		Hourly ra	ite/Salary		
		Starting	Final		
Job Title:	Supervisor:				
Reason for Leaving:			<u> </u>		
Employer:		Dates E	mployed		
		From	То	Work Performed	
Address:					
Telephone Number(s):		Hourly ra	ite/Salary		
		Starting	Final		
Job Title:	Supervisor:				
Reason for Leaving:			<u> </u>		
Employer:		Dates Er	mployed	Work Dorformed	
		From	То	Work Performed	
Address:					
Telephone Number(s):	elephone Number(s):		ite/Salary		
		Starting	Final		
Job Title:	Supervisor:				
	•				
Reason for Leaving:					

If you need additional space, please continue on a separate sheet of paper.

Additional Information Other Qualifications: Summarize special job related skills and qualifications acquired from employment or other experience. Specialized Skills **Check Skills/Equipment Operated** Production/Mobil CRT Fax Machinery (list): Other (list): PC __Lotus 1-2-3 Calculator _PBX System _Typewriter WordPerfect State any additional information you feel may be helpful to us in considering your application. Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING. __YES Are you capable of performing in a reasonable manner, with or NO without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. References Name Phone # Address Name Phone # Address Phone # Address Phone

Address

disability, or othe	r protected	status: 					
Education							
		1 4 11 6					
		nd Address of school	Course of Study		Years Completed		Degree/Diploma
Elementary School							
High							
School							
Jndergraduate College							
Graduate Graduate							
Professional							
Other Specify)							
(Specify)	Indicate	any forcian 1	onguego vou	on cno	alz rood and/or v	rywita.	
	marcate	Fluent			ak, read and/or of Good	WITTE	Fair
		Fiuent			Good		rair
Speak							
Read							
Write							
Describe any spec	ialized trainir	ng, apprentices	hip, skills, and o	extra-cu	rricular activities.		
			·				
Describe any job-r	elated trainin	g received in th	ne United States	s military	/ .		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant Date **Personnel Department Use Only** Arrange Interview ____Yes ____No Remarks Interviewer Employed ____Yes ____No Date of Employment _____ Hourly Rate/Salary _____ Department _____ Job Title By _____ Notes:

This application for employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which asked by the employer of the job applicant, may violate State and/or other federal law.



Authorization to Release Information

Loving Care In-Home Health and Hospice Services 312 Cherry Street P.O. Box 1414 Noble, OK 73068 405-872-1515

Notification of Criminal Arrest Check

House Bill 2100 requires all licensed nursing facilities to offer only temporary employment to licensed and non-licensed personnel until a criminal arrest check can be completed. That bill also provides that a facility shall inform each applicant for employment that the facility is required to obtain such information. Any person found to have a conviction for certain specified crimes cannot be offered permanent employment. _____, hereby authorize any person or entity, public or private, having any information concerning my background, including but not limited to, credit records, criminal law violations, education records, driving record, state tax records, employment records, professional licenses and disciplinary matters to release such information to Loving Care. This information is to be used for possible employment with Loving Care. I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with Loving Care and may be used at any time during my employment with Loving Care. Male/Female Applicant Signature (Circle One) Date Print Full Name including Middle Initial Any other names Used Social Security Number Street Address Date of Birth City, State, Zip Code Telephone Number

State of Drivers License/Expiration Date

Drivers License Number