Northbrook Heights
Since 1974
Welcome Home

APPLICATION FOR EMPLOYMENT

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: $ _____

Position Applied for: _____ **PT:** **FT:**

Any physical Limitations? ☐ ☐ YES NO
If yes, please specify: YES NO ☐ ☐

If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Do you know anyone who is or has been employed here? _____ If yes, who? _____

Do you have any family members currently employed by or residing at our facility?

YES ☐ NO ☐

If yes, please provide name(s) and relationship: _____

_____

Are you a citizen of the United States?

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever YES ☐ NO ☐ If yes, explain: _____

APPLICATION FOR EMPLOYMENT

been convicted
of a felony? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

Certifications / License

PCA ☐ RN ☐ First Aid ☐
HHA ☐
CNA ☐ LPN ☐ Other: _____

Previous Employment

Company: _____ From: _____ To: _____ Title: _____

Reason for Leaving: _____

Company: _____ From: _____ To: _____ Title: _____

Reason for Leaving: _____

Company: _____ From: _____ To: _____ Title: _____

Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT

ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE.I ACKNOWLEDGE THAT ANY MISTATEMENT ON THIS APPLICATION MAY BE SUFFICIENT GROUNDS TO REJECT ME AS AN APLLICANT, OR IF HIRED TO TERMINATE MY EMPLOYMENT AT ANYTIME.

I HAVE READ AND UNDERTSAND THE ABOVE STATEMENT.

SIGNATURE: _____

PHOTO ID ATTACHED: ☐ ☐
YES NO

I hereby authorize and release to Northbrook Heights, Inc. all information concerning my medical history / information at any time prior to and including the date of this authorization. I also authorize and release information pertaining to previous employment, professional and or educational certificates pertinent to my application for employment and is attended only for my personal file. I also authorize and release to Northbrook heights Inc., any record of a crime from the local police and sheriff's departments.

I hereby certify that all the information on this application is true to the best of my knowledge.

Applicant Signature: _____
DATE: _____
Maiden Name (if applicable): _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER