



A long-term healthcare community for residents of the District of Columbia

It is the policy of the Home to provide an equal employment opportunity to all qualified employees and qualified applicants for employment without regard to race, color, religion, sex, national origin, sexual orientation, age, or disability, or any other basis prohibited by law. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, training, compensation, transfer, promotion, leave of absence, termination, layoff and recall.

APPLICATION FOR EMPLOYMENT

Please answer all questions. Please PRINT

PERSONAL INFORMATION:

Last Name	First	M.I.	Date of Application
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Current Street Address	Home Telephone ()
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City, State, Zip Code	Business Telephone ()
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Have you ever applied for employment with us?
___ Yes ___ No If yes, when? _____ Position _____

Have you ever worked here before?
___ Yes ___ No If yes, when? _____ Position _____

Position Applying for:	Date You Can Start
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Are you a citizen of the United States?
___ Yes ___ No If no, are you legally eligible to work in the United States? ___ Yes ___ No

(IF YOU ARE NOT A UNITED STATES CITIZEN AND YOU ARE NOT LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES, YOU CANNOT BE EMPLOYED AT THE LISNER-LOUISE-DICKSON-HURT HOME.)

Please provide any professional license or certification numbers if applicable to the position for which you are applying
License or Certification Number _____

Issued By Whom? _____

Place of Issuance _____

Date of Last Renewal _____

Has your license or certification ever been suspended or revoked by any state? ___ Yes ___ No

The Home operates on a 7 days-a-week, 24 hours-a-day schedule. It may be necessary for you to work any shift as well as weekends and holidays. Are you available to meet these requirements, as needed?

___ Yes ___ No If no, please explain _____

Please indicate below in your order of preference, with "1" being your first choice and "3" being your last choice, which shift(s) you prefer to work:

Day Shift (7:00 a.m. – 3:30 p.m.) _____

Evening Shift (3:00 p.m. – 11:30 p.m.) _____

Night Shift (11:00 p.m. – 7:30 a.m.) _____

Are you available for full-time employment?

___ Yes ___ No

Are you available for part-time employment?

___ Yes ___ No

Are you available for temporary or seasonal (summer only) employment?

___ Yes ___ No

Are you available for on-call employment?

___ Yes ___ No

EDUCATION

School	Name and Location	Course of Study	Yrs. Completed	Degree or Diploma
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Graduate

College

High School

EMPLOYMENT HISTORY

Please give an accurate and complete employment history. Be sure to include any relevant volunteer experience you may have had. Start with your current or most recent employer.

1. Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____	Reason for Leaving _____

2. Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____	Reason for Leaving _____

3. Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title /Description of Duties _____	Reason for Leaving _____

4. Company Name

Telephone
()

Address

Employed (State month and year)
From _____ To _____

Name of Immediate Supervisor

Salary or Wages Paid
Beginning _____ Ending _____

Job Title /Description of Duties _____

Reason for Leaving _____

We may contact any or all of the employers listed above unless you indicate those you **DO NOT** want us to contact:

Employer/Company Number(s) _____ Reasons _____

Please account for any periods of time during your work history when you were unemployed: _____

Are any of your relatives currently working for us? ____ Yes ____ No

If yes, please list their names: _____

Are you over 18 years of age? ____ Yes ____ No

If no, can you submit a work permit? ____ Yes ____ No

IF YOU CANNOT PRODUCE A VALID WORK PERMIT AND YOU ARE UNDER 18 YEARS OF AGE, YOU CANNOT WORK AT THE LISNER-LOUISE-DICKSON-HURT HOME.

The information provided in this application for employment is true, correct, and complete to the best of my knowledge. If you employ me, I understand that false or misleading information given in my application or interview(s) may result in discharge and that my first 90 days of employment will be probationary, with the possibility of extension at the Home's discretion. In consideration of my employment, I agree to conform to the rules and regulations of the Lisner-Louise-Dickson-Hurt Home and understand that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of the Home or myself. I also understand that nothing appearing in the Home's employee handbook or any other publication changes this "at-will" relationship.

I authorize you to make such investigations and inquires of my personal employment history from my past employers as may be necessary in arriving at an employment decision. I hereby release employers, schools, or other individuals from all liability in responding to inquiries in correction with my application for employment.

Signature of Applicant

Date

NOTE: Your application will be considered active for 30 calendar days. After that time, if you continue to have interest in employment with the Lisner-Louise-Dickson-Hurt Home, you may be required to submit another application.