

# Chase center

rehabilitation and nursing services

WE DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, OR ANCESTRY, OR ON THE BASIS OF AGE, PHYSICAL OR MENTAL HANDICAP. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

# 2 CHASE PARK  
LOGANSPOUT, IN 46947  
1-574-753-4137

PLEASE PRINT BELOW LINE				PERSONAL				DATE / /			
LAST NAME			FIRST NAME		MIDDLE		SOCIAL SECURITY NUMBER				
ADDRESS #		STREET		CITY		STATE		ZIP		TELEPHONE # ( )	
WERE YOU EVER EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES WHEN / /		OCCUPATION		DEPARTMENT		WHY DID YOU LEAVE			
HAVE YOU EVER BEEN ARRESTED, CONVICTED OF, OR PLED "GUILTY" TO A CRIME THAT HAS NOT BEEN EXPUNGED BY A COURT OR PLED "NO CONTEST" TO A CRIME (FELONY OR MISDEMEANOR)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, BELOW, PROVIDE DATES AND DETAILS: A CONVICTION DOES NOT NECESSARILY DISQUALIFY AN APPLICANT					FREEDOM FROM ABUSE, NEGLECT, AND EXPLOITATION PER RESIDENTS RIGHTS STATES: FACILITIES MUST NOT HIRE ANYONE WITH A DISCIPLINARY ACTION IN EFFECT AGAINST PROFESSIONAL LICENSE BY A STATE LICENSURE BODY AS A RESULT OF A FINDING OF ABUSE, NEGLECT, EXPLOITATION, MISTREATMENT OF RESIDENTS OR MISAPPROPRIATION OF RESIDENT PROPERTY. HAVE YOU EVER, OR DO YOU HAVE ANY ACTIONS ON YOUR PROFESSIONAL LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No						
IN CASE OF AN EMERGENCY WHOM SHOULD WE NOTIFY							RELATIONSHIP				
ADDRESS #		STREET		CITY		STATE		ZIP		HOME TELEPHONE # ( )	BUSINESS TELEPHONE # ( )

**EMPLOYMENT DATA AND AVAILABILITY**

POSITION(S) APPLIED FOR 1.				RATE OF PAY EXPECTED \$ <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH			
2.				I PREFER TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP.			
IF ACCEPTED, DATE AVAILABLE TO START		ARE YOU WILLING TO WORK ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU WILLING TO WORK A SPECIFIC SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT SHIFT? <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3.	
ARE YOU WILLING TO WORK WEEKENDS AND/OR HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU REALIZE THAT IT MAY BE NECESSARY FOR YOU TO WORK ON WEEKENDS, HOLIDAYS OR ROTATION SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**IF LICENSED OR REGISTERED PLEASE PROVIDE:**

STATE OF REGISTRY	REGISTRATION NUMBER	OTHER STATES IN WHICH REGISTERED

**EDUCATIONAL HISTORY**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED		CHECK LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA
			FROM	TO			
HIGH SCHOOL					1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR SCHOOL OF NURSING					1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)					1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**

FORM 13

<b>PRESENT OR MOST RECENT EMPLOYER</b>	NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP
	TELEPHONE # ( )	YOUR JOB TITLE			DEPARTMENT		
	NATURE OF WORK				STARTING DATE / /	DATE LEFT / /	ENDING SALARY
	REASON FOR LEAVING			SUPERVISOR'S NAME	SUPERVISOR'S TITLE	MAY BE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WHAT DID YOU LIKE MOST ABOUT YOUR JOB						
	WHAT DID YOU LIKE LEAST ABOUT YOUR JOB						
<b>PREVIOUS EMPLOYERS</b>	NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP
	TELEPHONE # ( )	YOUR JOB TITLE			DEPARTMENT		
	NATURE OF WORK				STARTING DATE / /	DATE LEFT / /	ENDING SALARY
	REASON FOR LEAVING			SUPERVISOR'S NAME	SUPERVISOR'S TITLE	MAY BE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP
	TELEPHONE # ( )	YOUR JOB TITLE			DEPARTMENT		
	NATURE OF WORK				STARTING DATE / /	DATE LEFT / /	ENDING SALARY
	REASON FOR LEAVING			SUPERVISOR'S NAME	SUPERVISOR'S TITLE	MAY BE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NAME OF EMPLOYER		ADDRESS		CITY	STATE	ZIP
	TELEPHONE # ( )	YOUR JOB TITLE			DEPARTMENT		
	NATURE OF WORK				STARTING DATE / /	DATE LEFT / /	ENDING SALARY
	REASON FOR LEAVING			SUPERVISOR'S NAME	SUPERVISOR'S TITLE	MAY BE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any relatives or friends employed by us? Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

**AGREEMENT:** The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. You are hereby authorized to investigate the above stated facts. I understand this application will be valid for employment consideration for a period of three months from this date. I agree, if employed, to serve to the best of my ability and to abide by the policies established by Careage of Logansport, Inc. I consent to any and all medical examinations required and understand that if I am employed I will be on a probation basis for 90 days from the date of my employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_