

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT: BEGINNING WITH THE MOST RECENT** Employer use only Initials

Company Name, Address & Phone Number	From	To	Job Title	Salary	Supervisor	Reason for leaving	Comments	Initials

**PLEASE LIST TWO PERSONAL REFERENCES (NO FAMILY PLEASE)**

NAME	ADDRESS	PHONE	Comments	Initials

State if you do not want us to contact any of the above listed employers and the reason you do not want each contacted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can we run a detailed employment check, including but not limited to previous employers?  Yes  No

SIGN HERE TO AUTHORIZE REFERENCE CHECK \_\_\_\_\_

I UNDERSTAND, I MAY NOT BE HIRED PENDING THE RESULTS OF CRIMINAL CONVICTION INVESTIGATION.

I UNDERSTAND THAT I WILL BE DRUG SCREENED PRIOR TO EMPLOYMENT.

I UNDERSTAND THAT I MAY NOT BE HIRED UNTIL ALL REFERENCES HAVE BEEN CONTACTED.

**READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW:**

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has the authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing, except for a written agreement signed by the administrative representative of the facility.

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations, omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding employment decision, and I release all such persons from any liability regarding the provision or use of such information.

THE CEDARS, INC. 1021 CEDARS DRIVE, MCPHERSON KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Is this person eligible for hire \_\_\_\_ Yes \_\_\_\_ No Why \_\_\_\_\_



1021 Cedars Drive  
McPherson, Kansas 67460

DATE \_\_\_\_\_

PERSONAL INFORMATION

Social Security Number \_\_\_\_\_

NAME \_\_\_\_\_ Are you over 18? \_\_\_\_\_  
LAST FIRST MIDDLE  
If not what is your date of birth date? \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A. ? YES \_\_\_ NO \_\_\_ Position applied for \_\_\_\_\_

WAGE EXPECTED \_\_\_\_\_ ARE YOU APPLYING FOR? FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ SHIFT \_\_\_\_\_

Were you employed previously by The Cedars ? \_\_\_\_\_ If yes, when \_\_\_\_\_

If your application is accepted for employment, when can you start work \_\_\_\_\_

RECORD OF EDUCATION

HIGH SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED				DID YOU GRADUATE	DEGREE/ DIPLOMA
			1	2	3	4		
COLLEGE			1	2	3	4		
OTHER			1	2	3	4		

What licenses or certificates do you possess? \_\_\_\_\_ Are you currently licensed to practice in Kansas? \_\_\_\_\_

Do you have any physical condition, which may limit your ability to perform this particular job for which you are applying? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Do you have any physical defect, which precludes you from performing certain kinds of work? \_\_\_\_\_

Have you had any major illness or injury within the past 5 years? \_\_\_\_\_

READ THE LIST OF OFFENSES Do you have any criminal charges, verified or pending? \_\_\_\_\_

Have you ever been convicted or suspected of abuse, neglect, or exploitation of adult or child? \_\_\_\_\_

Can you do the job for which you are applying? \_\_\_\_\_

Do you have any friends or relatives working for The Cedars? \_\_\_\_\_

Please complete the back of form: