



## EDUCATION

	Highest Grade Completed	Graduation Date
High School (or date GED completed)		
City	State	
College or University		
City	State	
College Major:		
Degree:		
Additional Educational and/or Vocational or Technical training Information:	Courses Taken	Did You Complete?
School		
City:	State:	
School		
City:	State:	

## SPECIAL QUALIFICATIONS

Typing Speed	Shorthand Speed	Computer	Dictaphone	PBX	Medical Terms
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### \*\* Office Use Only \*\*

Administrator license #	State	Expiration date	Date Checked	Verified by
RN license #	State	Expiration date	Date Checked	Verified by
LVN/LPN license #	State	Expiration date	Date Checked	Verified by
Other license(s) or certification(s) #	State	Expiration date	Date Checked	Verified by

### WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and **ANY PERIOD OF UNEMPLOYMENT**. If self-employed, give firm names and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:	Supervisor:		
Reason for leaving:				
Duties:				

Explain any gap in employment:

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:	Supervisor:		
Reason for leaving:				
Duties:				

Explain any gap in employment:

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:	Supervisor:		
Reason for leaving:				
Duties:				

Explain any gap in employment:

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:	Supervisor:		
Reason for leaving:				
Duties:				

Explain any gap in employment:

Is any additional information relative to change of name, use of assumed name, nickname or maiden name necessary to enable us to check your work record?

If so, list: \_\_\_\_\_

May we contact your present employer? ..... Yes  No

Have you ever been fired from a job or asked to resign? ..... Yes  No

Are you now or do you expect to be engaged in any other business or employment? ..... Yes  No

If yes, please explain: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name Phone Number

**REFERENCES**

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

**AGREEMENT**

I certify that the statements made on this application are correct and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.

I authorize Denton Rehabilitation and Nursing Center to conduct a reference check, which includes former employers, law enforcement agencies, and licensing agencies so that a hiring decision may be made. I understand that employment is conditioned upon positive responses from my references and a satisfactory criminal background check. Former employers named on this application are authorized to give information about me and I release them from all liability for giving such information.

I understand that, if employed, my status is that of an employee at will. I am free to terminate my employment at any time and I have no contractual right, expressed or implied, to remain in the employ of Denton Rehabilitation and Nursing Center.

I agree to immediately notify Denton Rehabilitation and Nursing Center if I am 1) convicted of, 2) receive deferred adjudication in, or 3) otherwise plead guilty or no contest to a felony or any crime not considered a routine traffic violation, while my application is pending or during my period of employment if hired.

Finally, I understand that all company property must be returned and any indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final pay check(s) all money due and owing to the company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMPANY USE ONLY**

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**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ For (position): \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment Start Date: \_\_\_\_\_ Position/department: \_\_\_\_\_ Starting pay: \_\_\_\_\_