Bledsoe County Nursing Home

107 Wheelertown Ave, Pikeville, TN 37367 (423)-447-6811

EMPLOYMENT / JOB APPLICATION

FULL NAME:	DATE	:
ADDRESS:		Street Address Apt/Suite
		City State Zip Code
E-MAIL:	PHONE:	
POSITION APPLIED F	FOR:	DESIRED PAY: \$
EMPLOYMENT DESIR	ED: 🗆 FULL-TIME 🗆 PART-TIME 🗆 PRN	DATE AVAILABLE:
	EMPLOYM	ENT ELIGIBILITY
ARE YOU LEGALLY E	LIGIBLE TO WORK IN THE U.S? 🗆 YES	□ NO*
HAVE YOU EVER WOU	RKED FOR RCNH? 🗆 VES* 🗆 NO 🛛 *IE VI	ES, WHEN:
	N CONVICTED OF A FELONY? YES*	
	ED	UCATION
HIGH SCHOOL:	CITY / STATE:	
FROM:	TO:	_ GRADUATE? 🗆 YES 🗆 NO DIPLOMA:
COLLEGE:	CITY / STATE:	
FROM:	TO:	_ DEGREE: 🗆 YES 🗆 NO
OTHER:	CITY / STATE:	
FROM:	TO:	_ DEGREE/CERTIFICATION: _ VES O NO
	PREVIOUS	<u>S EMPLOYMENT</u>
EMPLOYER 1:		
E-MAIL:	PHONE:	
ADDRESS:		Street Address Apt/Suite
		City State Zip Code
STARTING PAY: \$	\Box HOUR \Box SALARY ENDING PAY: \$	🗆 HOUR 🗆 SALARY
JOB TITLE:	RESPONSIBILITIES:	
FROM:	TO:REAS	ON FOR LEAVING:
EMPLOYER 2:		
	PHONE:	
	🗆 HOUR 🗆 SALARY ENDING PAY: \$	
	RESPONSIBILITIES:	
FROM:	TO:	

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REASON FOR LEAVING:					
EMPLOYER 3:					
E-MAIL:	PHONE:				
ADDRESS:		Street Address Apt/Suite)		
		City State Zin Code			
	_ \Box HOUR \Box SALARY ENDING PAY: \$				
JOB TITLE:	RESPONSIBILITIES:				
FROM:	TO:				
REASON FOR LEAVING:					
	REFE	RENCES			
	(PROFESS	SIONAL ONLY)			
FULL NAME:	RELATIONSHIP:	COMPANY:	TITLE:		
		PHONE:			
FULL NAME:	RELATIONSHIP:	COMPANY:	TITLE:		
	E-MAIL:	PHONE:			
FULL NAME:	RELATIONSHIP:	COMPANY:	TITLE:		
	E-MAIL:	PHONE:			
MILITARY SERVICE					
BRANCH:	RANK:FROM: _	ТО:			
TYPE OF DISCHARGE:	IF NOT HONORABLE,	PLEASE EXPLAIN:			
	DISC	LAIMER			
			() ()) () () () () () () () () () () () () (
	n l have provided in order to apply for and secun ployer, its representatives, polices or agencies to				
	licensing authorities and educational institutions				
	terview. I hereby wave any and all rights and cla				
	ing truthful and non-defamatory information, in such information about me. I understand that the				
	r the purpose of limiting any applicant from cons				
<u>federal law. understand tha</u>	t this application remain current for only 30 day	vs. At the conclusion of that time, If I have	not heard from the employer and still		
	mployment, it will be necessary for me to reappl				
	rior notice, and the employer reserves the same r when required by law. This application ,does no				
	nd that no supervisor or representative of the em				
	t contrary to the foregoing express language are				
understand that if I am hired	, I may be required to provide proof of identity a		ed States and that federal immigration		
	laws require roe to comple	ete an J.9 Feno. in this regard.			
This Company does not warr	ant unlawful discrimination in its employment p	practices, No question on t:bis application h	s used for the purpose of limiting or		
	consideration for employment on the basis of his				
age, disability, or any other p	rotected status under applicable federal, state, o	r local law, This Company likewise does no	ot tolerate harassment based on sex.		

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) m2y result in my immediate discharge from the employer's service, whenever It is discovered,

race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all. complaints of

harassment seriously and all complaints will be investigated promptly and thoroughly.