



BETHANY CARES INC.

3637 S. State Rd 3 Street New Castle, IN 47362

Phone: (765) 521-2005 Fax: (765) 521-2007

Application for Employment

Please Print

Today's Date	
Last Name	
First Name	
Middle Initial	
Other Names Used, Aliases	
Address, City, State, Zip	
Home Phone	
Alternate/cell phone	
Social Security number	
Date of Birth	
Email Address****	

Desired Position _____

Are you eligible to work in United States? Circle: Yes or No

If you are under 18 years old, can you provide proof of your eligibility to work?

Circle: Yes or No

Have you ever been employed at Bethany Cares Inc. before? Circle: Yes or No

If so, dates employed? _____

What Date are you available to start work? _____

What work status are you seeking? Check Box: Full Time____ Part Time____ PRN ____

Check Days of the week you are available to work: Mon_ Tues_ Weds_ Thurs_ Fri_ Sat_ Sun_

How were you referred to our company? _____

After review of your job description, are you able to perform the job duties for the position you are applying for? Circle: Yes or No

Will you need a reasonable accommodation for the application process? _____

Do you have any friends or relatives who work for Bethany Cares Inc.? Circle: Yes or No

If yes, who: _____

Do you have dependable transportation to and from your job? Circle: Yes or No

Do you have a valid driver's license? Circle: Yes or No

Driver's License Number and State _____ - _____ - _____ State: _____

Have you ever been convicted of a crime, felony, or misdemeanor or excluded from participation in any federal health program? Circle: yes or No

If yes, list offense: _____

Dates when happened: _____ State: _____ County: _____

Outcome: _____ Documentation: _____

In consideration for employment, Bethany Cares Inc. is required by state law to obtain a copy of your criminal history. Except as required by state law, a conviction record does not necessarily disqualify you from employment. All factors will be taken into account including age, time of the offense, the seriousness/nature of the offense and subsequent rehabilitation will be taken into consideration.

Education

Name of School	Years Completed	Did you Graduate?	Degree/Certificate Obtained
High School Attended			
College			
Other Education:			

List any other special skills, certificates, or credentials that would qualify you to work for our company: _____

Professional License / Certification

Type: (RN, LPN, CNA, PT, OT, ST, other)	License Number	State	Expiration Date

Have you ever had any disciplinary action against your professional licensure or certificate?

Circle: Yes or No

If yes, please explain: _____

Do you belong to any professional, trade, business or civic associations that would be job related? Circle: Yes or no

If yes, please list: _____

3 Personal References—DO NOT LIST FAMILY MEMBERS!!!!!!!!!!!!!!!!!!!!!!

Name	Address	Phone	Years Known	Association

Employment History (Most recent first)

Employer _____ Dates: _____
 Supervisor Name: _____ Wage/Salary: _____
 Address: _____ Phone: _____
 Job Duties: _____
 Reason for leaving: _____
 May we contact this employer? Circle: Yes or No

Employer _____ Dates: _____
 Supervisor Name: _____ Wage/Salary: _____
 Address: _____ Phone: _____
 Job Duties: _____
 Reason for leaving: _____
 May we contact this employer? Circle: Yes or No

Employer _____ Dates: _____
 Supervisor Name: _____ Wage/Salary: _____
 Address: _____ Phone: _____
 Job Duties: _____
 Reason for leaving: _____
 May we contact this employer? Circle: Yes or No

Employer _____ Dates: _____
 Supervisor Name: _____ Wage/Salary: _____
 Address: _____ Phone: _____
 Job Duties: _____
 Reason for leaving: _____
 May we contact this employer? Circle: Yes or No

Employer _____ Dates: _____
 Supervisor Name: _____ Wage/Salary: _____
 Address: _____ Phone: _____
 Job Duties: _____
 Reason for leaving: _____
 May we contact this employer? Circle: Yes or No

An Equal Opportunity Employer

Bethany Cares Inc. is an equal opportunity employer

No applicant, for any position, is excluded from consideration based on race, color, age, sex, gender, national origin, marital or veteran status, the presence of a non-job related medical condition, handicap, or any other legally protected status.

In order to comply with government record keeping and reporting requirements we ask you to provide the following data.

THIS INFORMATION IS NOT PART OF YOUR APPLICATION FOR EMPLOYMENT. It is considered confidential information and it will not be used in any part of the hiring process including selection of applicants for job interviews.

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applied for: _____

Gender: MALE ___ FEMALE ___

Age: _____

Race/Ethnic group: Black ___ White ___ Hispanic ___ American Indian ___ Asian/Pacific Islander ___
Other: _____

Are you a person with a disability? Yes ___ No ___

Are you a Veteran? ___ Disabled Veteran? ___

How were you referred to Bethany Cares Inc.?

- | | |
|---|------------------------------|
| Another Bethany Cares Inc. Employee ___ | Friend/Relative ___ |
| Advertisement ___ | School ___ |
| Walk In/No Lead ___ | State Employment Service ___ |
| Other (specify) _____ | |

Bethany Cares Inc. requires that employment, training, compensation, promotion, and all other conditions of employment be provided without unlawful discrimination on the basis of race, creed, color, age, handicap, disability, citizenship, national or ethnic origin or any other basis as prohibited by law.

Please read the next page and sign at the bottom of the application: I agree that I have been informed of the requirement of work for which I am applying, and that the information on this application and corresponding attachments, if any, are correct and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may result in immediate termination of employment if discovered at a later date. I understand and acknowledge that my employment "at will" and that employment is by mutual agreement of **Bethany Cares Inc.** and myself and I may resign at any time and **Bethany Cares Inc.** may terminate my employment at any time, with or without cause for any reason. I understand that if offered employment, that **Bethany Cares Inc.**, will make or cause an agency on its behalf to make inquiries, including, but not limited to, criminal history, public records, experience, or other qualifications of employment, including reasons for termination of past employment. I agree that my authorization releases **Bethany Cares Inc.** and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provided to us the above-mentioned information as requested, in order to successfully complete a background investigation. I understand that if I am offered employment by **Bethany Cares Inc.**, a post-medical examination is required and my employment is conditional on the satisfactory outcome of that medical examination. I also understand that if I am offered employment by **Bethany Cares Inc.** I must provide all the required information requested in order to be considered for employment. I also understand that **Bethany Cares Inc.** will make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would cause an undue hardship on the operation of **Bethany Cares Inc.** or the individual would pose a direct threat to the health or safety of himself or herself or of other that cannot be eliminated or reduced below the level of a direct threat by reasonable accommodation which does not cause undue hardship to **Bethany Cares Inc.**

I agree to take a drug and alcohol test if I have a worker's comp injury while your employee. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request, I shall submit to the examinations by physicians of your selection. I will hold **Bethany Cares Inc.** harmless from any claims, including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application.

I understand that this is an application for employment only and that I have not been offered employment by **Bethany Cares Inc.**

I authorize persons, schools, previous employer(s), and organizations named in this application (and any accompanying attachments, is any) to provide any relevant information to **Bethany Cares Inc.** that may be required to arrive at an employment decision.

Signature of Applicant: _____ Date: _____



RELEASE CONSENT OF BACKGROUND INFORMATION

I, _____, understand that with admission of my application to Bethany Cares Inc. background checks may be conducted to research and verify the information I have provided with my application. The documentation provided may include my personal background, character, professional credentials, work history, criminal history, driving record, and miscellaneous qualifications.

I, _____, agree and authorize background checks and verifications be conducted that pertain to the provided documentation. I understand that this is part of the employment prescreening process before an offering of a job by Bethany Cares Inc.

Signature _____ Date _____

Law enforcement and other businesses may require the following information to provide accurate information. It will be kept confidential and not used for any other purposes.

Name _____ (Full Legal Name)

Other Names or Aliases (i.e. maiden) _____

Position Applied For: _____

Social Security # _____

Date of Birth _____ State _____

Past Addresses for the Last 7 Years

Current _____

Street City/County State Zip (To/From Dates)

Street City/County State Zip (To/From Dates)

Street City/County State Zip (To/From Dates)

Street City/County State Zip (To/From Dates)