



Rophe Healthcare
Adult Day Service Center

Employment Application Instructions

IMPORTANT! You must complete all parts of the application.

Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.

- Download and print the application. If you are able to complete the application by converting it to a PDF file, you may also complete the application in that format.
- Submit a separate application for each job. Type or print clearly in dark ink. Applications in pencil will **not** be accepted. Legible photocopies are acceptable.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted unless they are postmarked on or before the closing date of the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be **rejected**.
- Resumes may be submitted with the application but **not** in lieu of a completed application.
- Submit proof of any required certification and/or licensure.
- Submit the application to info@rophehealthcare.com.

Important Facts About Information On Your Application

- This application is to assist in the process of referring you for possible employment. If you are employed, the data will be available to the Payroll Department, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes.
- All certifications and licensures are subject to verification with the regulating departments.
- Employment history and references are also verified in order to assist with hiring the most qualified candidate.
- Rophe Healthcare Adult Day Service Center employs the policy that its employees and applicants for employment will be free from any harassment based on race, color, religion, gender, sexual orientation, marital status, national origin, ancestry, physical or mental disability, or age.

Affirmative Action Information (Voluntary)

The information requested below will be used for statistical purposes only. It will evaluate our recruitment process in light of federal and state equal opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information.

Gender: Male _____ Female _____

Ethnic Identification:

African American _____

Asian or Pacific Islander _____

Hispanic _____

Native American _____

Caucasian _____

Other _____

Special Notice to Disabled Individuals:

If you are a disabled person, you are invited to volunteer information concerning any personal, physical or mental disability and your suggestions on how it may be accommodated.

Do you have a disability which substantially limits basic work activities? Yes _____ No _____

Suggestions for reasonable accommodations:



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Certifications/Licensure

Certification(s) _____ Certification Expiration Date _____

License (s) _____ License Number _____ License Expiration date _____

CPR Expiration Date _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____