Healthwin
EMPLOYMENT APPLICATION

This company does not discriminate in hiring or employment on any basis protected by law.
Please tell us if you require any special arrangements during the interview process.

This application should not be construed as a contract of employment between the employer and the applicant or as a promise of employment. All employment is at will.

FOR OFFICE USE ONLY			
Department			
Job Title			
Ft			
Salary	Hr.	Mo.	Yr.
Starting Date			

PLEASE PRINT

GENERAL INFORMATION

Last Name	First Name	Middle Name		Date of Application
Current Address		City	State	Zip Code

Home Telephone	Business Telephone	To assist us in checking your work, school, or other records, have you ever been known by any other name?
Position Applied For	Are you seeking…? ◻ Full Time ◻ Part Time ◻ PRN	Shift Desired…? ◻ Evening ◻ Night ◻ Day ◻ Any
Are you able to rotate shifts? ◻ Yes ◻ No	Salary / Wage Expected $	Date Available
Are you employed now? ◻ Yes ◻ No	If so, may we contact your current employer? ◻ Yes ◻ No	How were you referred to us?
Are you over 17 years of age? ◻ Yes ◻ No	Are you legally able to work in the United States under the immigration laws of the United States? ◻ Yes ◻ No	

Have you ever been convicted of, pled guilty or no contest to, or entered a diversion program with respect to a felony. ◻ Yes ◻ No	Have you ever filed an application with this company? ◻ Yes ◻ No If yes, when?
You do not have to answer "Yes" with respect to an offense for which records were expunged pursuant to Indiana Code 35-38-9. You may have to identify such offense later if required by law for the position.	Have you ever been employed with this company? ◻ Yes ◻ No
Are any criminal charges now pending against you that are not yet resolved? ◻ Yes ◻ No	Do you have any friends or relatives employed here? ◻ Yes ◻ No
If you answered "yes" to either of these questions, please explain on a separate sheet of paper. A "yes" answer will not necessarily disqualify you from consideration. We consider factors such as, but not limited to, the date, nature, and circumstances surrounding the charges, conviction, plea, or diversion program; the job applied for; and employment history since any conviction, plea or diversion program. Unless an exception under applicable law applies, failure to fully disclose will result in immediate denial or termination of employment.	→ If yes, give names:
Have you ever been found guilty by a court of law abusing, neglecting, mistreating, or misappropriating the property of an individual in a healthcare setting? ◻ Yes ◻ No	Registry, certification, or professional license number
If yes, please give details:	State ______
	State ______

EDUCATION

School Name	City/State	Major Course	Circle Last Year Completed	Type of Degree
High School			1 2 3 4	
College/University			1 2 3 4	
Post Graduate			1 2 3 4	
Technical/Business			1 2 3 4	

HEALTHCARE EXPERIENCE (if applicable to position)

Licensed Nurses	☐ Hospital	☐ Longterm Care Facility	☐ Mental Health	☐ Other ____________
Nursing Assistants	☐ Hospital	☐ Longterm Care Facility	☐ Mental Health	☐ Other ____________
Other ____________	☐ Hospital	☐ Longterm Care Facility	☐ Mental Health	☐ Other ____________

NURSE AIDE APPLICANTS ONLY

Are you certified as a Nurse Aide by the State of Indiana?	☐ Yes ☐ No
Do you have verification from the State Board of Health that you are on the Nurse Aide Registry? Please Attach	☐ Yes ☐ No
At what facility did you take the 105 Hour Nurse Class?	

LICENSED PERSONNEL ONLY

State position for which you are licensed (Attach a copy to the application):

EMPLOYMENT HISTORY

Starting with current or most recent employer, list all previous employers in the last ten years. Include self employment, summer and part-time jobs, military service. Use a separate sheet, if necessary.

FROM		TO		Employer	Telephone Number
MO	YR	MO	YR	Job Title	Supervisor name
SALARY OR WAGE				Address	
				City / State / Zip Code	
Describe your duties					
Reason for Leaving					

FROM		TO		Employer	Telephone Number
MO	YR	MO	YR	Job Title	Supervisor name
SALARY OR WAGE				Address	
				City / State / Zip Code	
Describe your duties					
Reason for Leaving					

FROM		TO		Employer	Telephone Number
MO	YR	MO	YR	Job Title	Supervisor name
SALARY OR WAGE				Address	
				City / State / Zip Code	
Describe your duties					
Reason for Leaving					

REFERENCES (PERSONAL)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	PHONE
1.		
2.		
3.		

PLEASE READ BEFORE SIGNING

I certify that the answers given in this application and in the employment interview/s are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards for employment required by law, licensure, regulations, or policies of this company, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given in my application or interview/s may result in discharge. I understand also that the Immigration Reform control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United states and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. Inconsideration of my employment, I agree to conform to the rules and regulations of my employer or myself. I understand that no company representative other than the administrator has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the employer reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information.

If employed, I agree to inform the company if I obtain any other employment while working for the company.

I hereby acknowledge that I have read and understand the above statements.

Applicant Signature____________________________________

Date________________

Revised
6/9/2015

HEALTHWIN
EMPLOYMENT REFERENCE FORM

To be filled out by applicant:

Former Employer

Company Name	Applicant Name
Supervisor's Name	Social Security Number
Address	Position Held
City, State, Zip	Dates of Employment
Employer Phone Number	Employer Fax Number

To be filled out by employer:

APPLICANTS: DO NOT WRITE IN THIS SECTION

Position held________________________ **Dates of Employment**________________

Attendance	**Excellent**	**Good**	**Fair**	**Poor**	**Unacceptable**
Reliability	**Excellent**	**Good**	**Fair**	**Poor**	**Unacceptable**
Skill Level	**Excellent**	**Good**	**Fair**	**Poor**	**Unacceptable**
Cooperation	**Excellent**	**Good**	**Fair**	**Poor**	**Unacceptable**
Appearance	**Excellent**	**Good**	**Fair**	**Poor**	**Unacceptable**

Eligible for rehire? **Yes** **No**

Comments____

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Employer Signature/Title______________________________________ **Date**________________

APPLICANT: READ AND SIGN BELOW

I authorize the employer named above to release on my prior employment record for the purpose of employment at Healthwin Specialized care and I agree to hold the above-mentioned employee harmless from any response to the above. I further authorize Healthwin to release this information to its clients(s) specifically and only for the purpose of the client's acceptance of my placement on assigned.

Employee Signature:____ **Date**________________

Employer: You may fax this form to us at 574-272-8947. You may also mail this form. Please refold to show the return address and mail completed form to:

Healthwin
Attn: Human Resources
20531 Darden Road
South Bend, IN 46637