



Application for Employment

We consider applicants for all positions without regard to race, color, religion, age, gender identity, sexual orientation, national origin, ancestry, disability, genetic information, veteran status, or any other legally protected status.

Position Applying for: _____

Referred by: _____

Full Name: _____

Present Address: _____

Street

City

State

Zip

County

Best Number to Call _____ Home _____

(indicate preference 1, 2, 3) _____ Cell _____

_____ Other _____

E-mail Address _____

Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence or an alien authorized to work in the United States? (Note: Federal law requires that you provide and that RGI examine documents, which verify your identity and your eligibility for employment in the United States. As a condition of employment you are required to provide such documentation as mandated by law or government regulation and to sign a form attesting that you are lawfully able to work in the United States.)

- Yes No

Check your work schedule preferences:

- Part-time Full-time Evenings Days Nights

LICENSURE

If you are licensed or certified to perform the duties for which you are applying, complete the following:

Licensed or certified by _____

License, certification, or registration number _____ Exp. Date _____

Has your license ever been revoked? Yes No

Have you ever had restrictions placed on your license? Yes No

Are there current restrictions on your license? Yes No

EMPLOYMENT

List your last (or present) job first, and all others in reverse chronological order. Be sure to list all employment, including service. Fill out completely (even if information is included on resume).

WHERE WERE YOU MOST RECENTLY EMPLOYED?

Company Name	Supervisor	Dates From	To
Company Address	Telephone #	Starting Salary	Final Salary
Position	Description of Duties		

Reason for Job Search: _____



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PRIOR TO THE ABOVE PLACE, WHERE DID YOU WORK?

Company Name _____ Supervisor _____ Dates From _____ To _____
 Company Address _____ Telephone # _____ Starting Salary _____ Final Salary _____
 Position _____ Description of Duties _____

Reason for leaving: _____

PRIOR TO THAT, WHERE DID YOU WORK?

Company Name _____ Supervisor _____ Dates From _____ To _____
 Company Address _____ Telephone # _____ Starting Salary _____ Final Salary _____
 Position _____ Description of Duties _____

Reason for leaving: _____

REFERENCES

Name	Address	Relationship	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been sanctioned by or excluded from participation in the Medicare or Medical Assistance Program?

Yes No

Have you ever been disciplined or discharged due to an act of violence in the workplace? Yes No

Have you ever pled guilty to or no contest to or been convicted of a felony or misdemeanor? Yes No

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as the extent to which the crime relates to the job, age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Having read the job description, are you capable of performing the essential function of the job with or without reasonable accommodation?

Yes No _____ (initials)

I understand that due to the nature of the job, I may be required to work overtime _____ (initials).

If accepted for work here, I could begin work on: _____



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EDUCATION RECORD

Type	Name and Address of School	High School Degree Or GED	
		Yes	No

Type	Name and Address of School	# Years	Major	Degree
Nursing School				
College / University				
Post Graduate Education				
Other				

Please list any professional associations you are a member of or affiliated with. _____

APPLICANT’S CERTIFICATION and AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize RGI to verify their accuracy and to obtain reference information on my work performance. I hereby release RGI from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at-will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature

Date

Please return the completed application as follows:

Via mail to: Human Resources
 Regional GI
 2112 Harrisburg Pike Ste 202
 Lancaster, PA 17604