

Application for Employment

All facilities are Equal Opportunity Employers committed to excellence. Employment offers are made on the basis of qualifications and without regard to sex, race, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE or PRINT. You must complete all questions; or your application will be deemed incomplete and may not be considered. Fill out each box. Applications with missing or invalid job numbers will not be considered. Please attach a Resume; however, doing so is not a substitute for completion of this application.

Position Applying For:		Facility Name:		Other names under which you have attended school or been employed:
Last Name:		First Name, Middle Name		
Street Address:		City, State & Zip:		
Social Security Number: _____ - _____ - _____	Home Phone: (____) _____	Cell Phone: (____) _____	Other Phone: (____) _____	
Email Address:		How did you hear of the position:		
Are you 18 years of age or older?	☐ Yes ☐ No			
Have you ever been employed by NACS or its client facilities?	☐ Yes ☐ No	If YES, dates of employment & reason for leaving:		
If required for position, do you have a valid driver's license?	☐ Yes ☐ No			
Income Expected: (hour/year)	Date Available?	Employment Preference: ☐ Full Time ☐ Part Time ☐ On-Call		

Education

Name of School	City/State	Did you graduate?	If No, # of years left to attend	If Yes, date of Graduation	Degree received (AS/BS/MS/etc.)	Major
High School:						
GED:						
Other School:						
College:						
Other credentials/ licenses / professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, licenses, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note you level of proficiency (basic, intermediate, expert)

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WORK EXPERIENCE – Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each portion separately. Please go at least 7 years back. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. ***PLEASE DO NOT complete this information with the notation “See Resume.”***

PLEASE NOTE: The company reserves the right to contact all current and former employers for reference information.

JOB #1: Dates Employed (MM/YYYY) From: _____ To: _____	☐ Full-time ☐ Part-time If part-time, # hrs./wk: _____ Organization Name and Address: _____	Position: _____
Supervisor’s Name, Title and Phone #: 	Other Reference Name, Title and Phone #: 	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary Duties: _____		Reason for Leaving: _____

JOB #2: Dates Employed (MM/YYYY) From: _____ To: _____	☐ Full-time ☐ Part-time If part-time, # hrs./wk: _____ Organization Name and Address: _____	Position: _____
Supervisor’s Name, Title and Phone #: 	Other Reference Name, Title and Phone #: 	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary Duties: _____		Reason for Leaving: _____

JOB #3: Dates Employed (MM/YYYY) From: _____ To: _____	☐ Full-time ☐ Part-time	Position:
	If part-time, # hrs./wk: _____ Organization Name and Address: _____	
Supervisor's Name, Title and Phone: _____	Other Reference Name, Title and Phone: _____	Contact my current references: ☐ At any time ☐ Only if I am a finalist candidate
Primary Duties: _____	Reason for Leaving: _____	

Additional Information:

Have you ever been discharged or asked to resign from any position? _____

YES ☐ NO ☐

If yes, please explain: _____

Have you ever had a professional license or certification revoked or suspended? _____

YES ☐ NO ☐

If yes, please explain: _____

Are you currently, or have you ever been, excluded, suspended or debarred from participating in a federal, state, or private health care program(s) or federal contracts (such as Medicare, Medi-Cal/Medicaid, Tricare, etc.)? YES ☐ NO ☐

If yes, please explain: _____

Are you currently subject to any type of judicial or administrative process that might lead to a possible exclusion, suspension or debarment from participating in a federal, state, or private health care program(s) or federal contracts (such as Medicare, Medi-Cal/Medicaid, Tricare, etc.)? YES ☐ NO ☐

If yes, please explain: _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. You will also be required to sign Form I-9 verifying under oath, your employment authorization.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the above-indicated facility to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of said facility are at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and legal regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first three months of regular employment represent a provisional period.

Applicant Print Name: _____

Applicant Signature: _____

Date: _____

Notice to applicant:

All applicants must provide valid proof of COVID-19 vaccination unless a religious belief or medical exemption applies, and must successfully complete a pre-employment background check and drug screen.