



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
Rev: 04/2019

RiverBridge Specialty Hospital is an Equal Opportunity Employer. We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability or handicap, sexual orientation, familial/genetic information or any other legally protected status.

POSITION(S) APPLIED FOR: DATE:

NAME LAST FIRST MIDDLE

ADDRESS: STREET CITY/STATE/ZIP CODE

PREVIOUS ADDRESS: STREET CITY/STATE/ZIP CODE

PHONE: ALTERNATE/CELL: EMAIL:

AVAILABILITY:

Date Available For Work: Salary Desired:

Availability: FULL TIME PART TIME PER DIEM OTHER
(Check all that apply) DAYS NIGHTS WEEKENDS HOLIDAYS

Are you currently working? YES NO

Are you at least 18 years of age: YES NO

Are you lawfully eligible to be employed in the United States? Proof of identity and/or eligibility status is required upon employment. YES NO

Have you ever been convicted of a felony or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged? YES NO

If yes and if not precluded by state law, please explain the nature of the crime, date, place of conviction and legal disposition. The company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you have applied.

PROFESSIONAL LICENSE/CERTIFICATIONS:

License: State: Exp. Date: Under Review? Y N

License: State: Exp. Date: Under Review? Y N

BLS/CPR? YES NO Expires: ACLS? YES NO Expires: IV Certified? YES NO

Have you worked for RiverBridge before as either staff or contract/agency employee? YES NO

If yes, when? Reason for leaving? Have you ever worked under another name?

Do you have friends or relatives employed by RiverBridge? YES NO

How did you hear about RiverBridge?

EMPLOYMENT HISTORY						
BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)						
1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN					MAY WE CONTACT EMPLOYER? [] YES []	
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN					MAY WE CONTACT EMPLOYER? [] YES []	
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN					MAY WE CONTACT EMPLOYER? [] YES []	
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.	\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN					MAY WE CONTACT EMPLOYER? [] YES []	

Have you ever been dismissed or asked to resign from a job? If yes, explain

EDUCATION:

	NAME, LOCATION & PHONE NUMBER	COURSE OF STUDY	NO. OF YEARS	DEGREE / DIPLOMA RECEIVED	PROOF OF EDUCATION ATTACHED
HIGH SCHOOL					
COLLEGE / UNIVERSITY					
VOCATIONAL OR TRADE SCHOOL					
GRADUATE WORK					

List any academic, professional, trade or job-related organizations that you are a member.

OFFICE / COMPUTER SKILLS: Check the areas that you have skills and knowledge:

- General Computer Knowledge Beginner Intermediate Advanced
- Microsoft Office: Beginner Intermediate Advanced
- Excel Spreadsheets: Beginner Intermediate Advanced
- Power Point Presentations: Beginner Intermediate Advanced
- Email / Internet Research Beginner Intermediate Advanced
- General Office Equipment:
(Fax, Photocopier, Telephone etc.) Experience No Experience

Describe any other skills or aptitudes that you feel would qualify you for a position with our company.

REFERENCES:

List three business references who can attest to your work capabilities (do not include relatives or former employees)

	NAME	OCCUPATION	COMPANY NAME	PHONE
1.	<hr/>			
2.	<hr/>			
3.	<hr/>			

May we contact the above references? Yes No

This application will be considered active for a period of 6 months from the date of its completion. If you wish to be considered for employment after that time, you must personally submit a new application. Incomplete application forms (even when accompanied by a resume) will not be considered. You must fill in your own application (please print). Omissions or falsifications may result in ineligibility for employment or immediate dismissal if employed

ATTESTATION

IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING AND DATING APPLICATION

I certify that the answers given by me on this application are true, correct, and complete. I agree that any misstatement or pertinent omission made by me in this application may result in my rejection for employment, or if hired, may subsequently subject me to dismissal. Moreover, I understand that offers of employment may be conditioned upon my passing a physical examination, background check and/or drug test.

Date _____, 20 _____

Signature of Applicant