



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Complete all sections thoroughly. A resume' may be attached but may not substitute for completion of the application.)

Print Name

\_\_\_\_\_  
Last First Middle

Address

\_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Position(s) applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Hours or shift preferred \_\_\_\_\_ Date available to start work \_\_\_\_/\_\_\_\_/\_\_\_\_

Specify restrictions, if any, of days and hours (e.g. class schedule)

\_\_\_\_\_  
Full Time  Part Time  Temporary  Minimum compensation requirement \$ \_\_\_\_\_

Are you at least 18 years of age? Yes  No

Are you authorized to live and work in the United States? Yes  No   
(Verification of your legal right to work in the United States will be required within three days of being hired.)

Have you ever been convicted of a felony? Yes  No

Are you able to perform the essential functions of the job for which you have applied? Yes  No

### Clerical Skills/Computer Skills

Typing Speed \_\_\_\_\_

Keyboard Skills (Data Entry) \_\_\_\_\_

List any additional skills, education or training related to the position applied for

---

**Record of Education**

Please include name and address of school and under what name attended if different	Course of Study	Year Completed	Did you Graduate	Diploma or Degree
High School		1 2 3 4		
College		1 2 3 4		
Other (specify)		1 2 3 4		

**Employment History**

Begin with your most recent employment and give employment history for the last 5 years; if further space is needed attach additional paper.

Present or Most Recent Employer	Telephone Number ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes No

Previous Employer	Telephone Number ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes No

Previous Employer	Telephone Number ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes No

Have you ever been employed with any of the following Health Services Management Inc. facilities located in Florida? Please mark all that apply

- Ayers Health and Rehabilitation Center
- Bear Creek Nursing Center
- Brooksville Health Care Center

- Cypress Cove Care Center
- Heather Hill Nursing Center
- Royal Oak Nursing Center

**References**

List two references, home telephone numbers and years known. *(Do not include relatives or employers.)*

Name of Reference	Name of Reference
Relationship	Relationship
Telephone Number ( )	Telephone Number ( )
Years Known	Years Known

**License/Certification**

List all licenses and certifications including number and dates.

Name and License/Certification Number:	License/Certification Dates:
Name and License/Certification Number:	License/Certification Dates:
Name and License/Certification Number:	License/Certification Dates:

**Employment Conditions – Read Carefully Before Signing**

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Health Services Management Inc. I understand that employment with Health Services Management Inc. is "at will" and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and the Employer may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Health Services Management Inc. I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with Health Services Management Inc. I understand that either refusal to submit to the test or failure of the test per Health Services Management Inc. policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Health Services Management Inc. is an Equal Opportunity Employer and do not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status, or any other characteristic protected by law.*