



Application for Employment

Applicant Information			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell	Email	
Position(s) Applied for			

How did you hear about us?

- Our Website
- Job Fair
- Job Board
- Friend _____
- Walk-in
- Social Media
- Other: _____

When will you be available to start?

- _____

If applicable, list licenses/ certifications held. (Example: CNA, RN, LPN, etc.)

- _____
- _____
- _____

If hired, can you furnish proof that you are eligible to work in the United States?

- Yes No

Are you excluded from working at a company that participates in the Medicare, Medicaid, or other federal health care programs; or have you been placed on the Office of Inspector General's List of Excluded Individuals?

- Yes No

Professional Reference 1 Name:	Title: Company:	Phone Number: Email:
Professional Reference 2 Name:	Title: Company:	Phone Number: Email:
Professional Reference 3 Name:	Title: Company:	Phone Number: Email:

1. I consent to Cassia employees checking my qualifications, references, and relevant background. I waive any claim I might ever have against Cassia, its employees, and its directors, relating to the receipt, use, or disclosure of information any of them receive from others in the course of legitimate business activities.

Yes No

2. I understand that any offer of employment I receive will be conditional on passing a background check, references, other pre-employment screening, and a drug test (at sites where required).

Yes No

3. I verify the information provided on this application is true and correct to the best of my knowledge.

Date: _____ Signature: _____

Attach resume or fill out education/employment history including your 3 most recent jobs.

Education		
High School	City, State	Did you graduate? Yes No
College	City, State	Did you graduate? Yes No
		Degree
Further Education	City, State	Did you graduate? Yes No
		Degree

Previous/ Current Employment		
Company	Phone ()	
Address	Supervisor	
Job Title	How long in position?	
Responsibilities		
Reason for Leaving		
May we contact your previous supervisor for a reference?	Yes	No

Previous Employment		
Company	Phone ()	
Address	Supervisor	
Job Title	How long in position?	
Responsibilities		
Reason for Leaving		
May we contact your previous supervisor for a reference?	Yes	No

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Company	Phone ()	
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For Management Use Only						
Job Title	Part-Time	Full-Time	On-Call	Day	Eve	Night
Department	Hourly Rate			Days Per Pay Period		
Hired By			Date of Employment			