



cassia

AN AUGUSTANA | ELIM AFFILIATION

Serving all by following One

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Last Name		First Name		M.I.
Address				Apt / Unit #
City		State	ZIP	
Cell Phone	Home Phone		Email	

POSITION(S) APPLYING FOR:

How did you hear about us? (Please check all that apply)

- Cassia Website
- Job Fair
- Job Board
- Walk-In
- Social Media
- Friend
- Other

When will you be able to start?

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 Medicare, Medicaid, or other federal health care programs?

Yes

No

Have you been placed on the Office of Inspector General's List of Excluded Individuals?

Yes

No

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

PROFESSIONAL REFERENCES

Name	
Company	Title
Phone	Email

Name	
Company	Title
Phone	Email

Name	
Company	Title
Phone	Email

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

Yes

No

I understand that any offer of employment that 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

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

Signature:

Date:

- Please attach your Résumé or complete Employment History and Education on page 3 •

OFFICE USE ONLY

Employment History and Education			
Job Title		Emp Type	Shift
Dept	Pay Rate	Days/Pay Period	
Direct Supervisor/Manager			Start Date

APPLICANT:

EMPLOYMENT HISTORY

• Please list your last three employers, beginning with the most recent first •

Company		Phone
City, State	Supervisor	
Job Title		How long in position?
Responsibilities		
Reason for Leaving		
May we contact your previous supervisor for a reference? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Company		Phone
City, State	Supervisor	
Job Title		How long in position?
Responsibilities		
Reason for Leaving		
May we contact your previous supervisor for a reference? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Company		Phone
City, State	Supervisor	
Job Title		How long in position?
Responsibilities		
Reason for Leaving		
May we contact your previous supervisor for a reference? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

APPLICANT:

EDUCATION

High School

Name	City, State
Did you graduate?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

College/University

Name	City, State
Did you graduate?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Further Education

Name	City, State
Did you graduate?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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VOLUNTARY APPLICANT SURVEY FORM

Last Name	First Name	Date
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Location of facility	Position(s) for which you are applying
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• Please read carefully •

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and **for no other purpose**. *When we have received this form, we will immediately place it in a confidential file separate from our application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

SEX/GENDER (Select one)

- Female
- Male
- Non-Binary/ Transgender/ Gender Non-Conforming
- Do not wish to answer

RACE/ETHNICITY (Select one or more)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South/ Central America, and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Turn Over

* This form **is not used for employment decisions**. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original people of Europe, the Middle East, or North Africa.

Check if any of the following are applicable:

- Disabled Individual
- Vietnam Era Veteran
- Newly Separated Veteran
- Disabled Veteran
- Other Protected Veteran (Korean, Persian Gulf Operations, etc.)

Cassia is an Equal Opportunity, Affirmative Action Employer