

EMPLOYMENT RECORD

(List most recent first)

| | | |
|--|----------------------------------|-------|
| Name of Company | Address | Phone |
| Dates of Employment: From _____ to _____ | Salary: Start \$ _____ per _____ | |
| Type of Business: _____ | Last \$ _____ per _____ | |
| Your Position/Title: _____ | Supervisor: _____ | |
| Reason for Leaving: _____ | | |
| Briefly Describe Your Duties and Responsibilities: _____ | | |
| _____ | | |

| | | |
|--|----------------------------------|-------|
| Name of Company | Address | Phone |
| Dates of Employment: From _____ to _____ | Salary: Start \$ _____ per _____ | |
| Type of Business: _____ | Last \$ _____ per _____ | |
| Your Position/Title: _____ | Supervisor: _____ | |
| Reason for Leaving: _____ | | |
| Briefly Describe Your Duties and Responsibilities: _____ | | |
| _____ | | |

| | | |
|--|----------------------------------|-------|
| Name of Company | Address | Phone |
| Dates of Employment: From _____ to _____ | Salary: Start \$ _____ per _____ | |
| Type of Business: _____ | Last \$ _____ per _____ | |
| Your Position/Title: _____ | Supervisor: _____ | |
| Reason for Leaving: _____ | | |
| Briefly Describe Your Duties and Responsibilities: _____ | | |
| _____ | | |

Explain and give details of any period of unemployment longer than 30 days: (Use additional sheet.)

REFERENCES: (Other than relatives or former employers.) (List three.)

| Name | Complete Address | Phone | Occupation | Years Known |
|-------|------------------|-------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

After a conditional offer of employment, I understand that a physical examination and a post-offer drug screen satisfactory to Susquehanna Nursing & Rehabilitation Center LLC must be passed. I authorize investigation of any information provided on this application. I also authorize investigation of my employment record and references. I understand that a background check will be performed on every candidate under consideration and that I authorize, with a signature, such a check, releasing Susquehanna Nursing & Rehabilitation Center LLC from all legal liability. I understand that any misrepresentation, falsification, or omission is cause for voiding this application or termination of employment if hired. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice.

Date: _____ Signature of Applicant: _____

ADDENDUM TO EMPLOYMENT APPLICATION

Additional information regarding question #8, Conviction Record: If you answered "yes" and have been convicted of a felony or misdemeanor, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed.

Applicant Signature: _____

Date: _____

(Please note: A conviction record will not necessarily be a bar to employment. Factors such as the seriousness and nature of the violation and rehabilitation will be taken into account.)