



# CLAREMONT

Nursing & Rehabilitation Center

1000 Claremont Road . Carlisle . PA 17013-8805 . Main: 717.243.2031 . Fax: 717.240.1934 . [claremontnursing.com](http://claremontnursing.com)

**APPLICATION FOR EMPLOYMENT:** Claremont Nursing and Rehabilitation Center (CNRC) is a service agency of the County of Cumberland. The County of Cumberland is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, religion, age, sex, marital status, pregnancy, national origin, disability, veteran status, sexual orientation or any other status protected by law.

Date: \_\_\_\_\_ Position(s) applied for: \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

**Applicant Information:** (please print or type)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_  
street city county/borough state zip

Phone: Home: ( ) Cell: ( ) email: \_\_\_\_\_

Is there any information about your name we need to know to check your work record? \_\_\_ Yes \_\_\_ No  
(Example: maiden name, use of another name, name change, etc.)

Please Specify: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No If no, can you provide proof of eligibility to work? \_\_\_ Yes \_\_\_ No

Are you legally authorized to work in the United States? \_\_\_ Yes \_\_\_ No  
(Proof of citizenship or immigration status is required upon employment)

**Employment Desired:** (please print or type)

License/Certification: \_\_\_\_\_ Can you travel if a job require? \_\_\_ Yes \_\_\_ No

Skills related to position applying for? \_\_\_\_\_

Hours Desired: \_\_\_ Full-Time \_\_\_ Part-Time Hours Per Week: \_\_\_\_\_ \_\_\_ PRN/Per Diem

Preferred Work Shift: \_\_\_ Day \_\_\_ Evening \_\_\_ Night

Have you ever been employed by the County of Cumberland or CNRC? \_\_\_ Yes \_\_\_ No if yes, please answer the following:

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Position held: \_\_\_\_\_

Name (If different from above): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Miscellaneous:** (please print or type)

Do you claim Veterans' Preference?  Yes  No If no, attach a copy of discharge or separation papers (DD-214), if any.

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Service Dates: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Have you ever been convicted of or entered a plea of no contest to any felony?  Yes  No

If you answered yes, please identify the violations that you were convicted of and provide the date and place of your conviction. Conviction will not necessarily disqualify an applicant from employment.

Have you ever been convicted of a misdemeanor that has not been sealed by law?  Yes  No

If you answered yes, please identify the violations that you were convicted of and provide the date and place of your conviction. Conviction will not necessarily disqualify an applicant from employment.

**Education History:** (please print or type)

List all diplomas/degrees starting with most recent

Institute Name/Location	Degree/Certificate/Diploma/G.E.D.	Major/Emphasis

**Employment History:** (please print or type)

List your experience, starting with your most recent position:

Present/Last Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_ May we contact?  Yes  No

Last Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_ May we contact?  Yes  No

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment History continued:** (please print or type)

Present/Last Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly Describe Duties: \_\_\_\_\_ May we contact?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**Professional References:** (please print or type)

Other than relatives, coworkers, friends, and supervisors named above

Name	Address	Phone	email

**WAIVER AND RELEASE:** I certify the answers given herein are true and complete. I also hereby give the County of Cumberland, hereinafter "County", and Claremont Nursing and Rehabilitation Center, hereinafter "CNRC", the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for employment. I release from all liability and claims any and all persons, companies and corporations supplying any information whatsoever to representatives of the County and CNRC. I release, indemnify, and hold harmless the County and CNRC, its officials, officers, and employees from and against any and all liability that might result from conducting an investigation. I also understand that I am required to abide by the policies, rules and regulations and that anything said during the interview process shall not be construed as an implied employment contract. The County and CNRC follows an employment-at-will policy, in that I or the County and CNRC may terminate my employment at any time or for any reason consistent with state or federal law.

Applicant Signature

Date

**NOTICE TO APPLICANTS:** Applications are kept on file for one (1) year. If you require assistance in the application process, please call 717-240-6165. Completed applications may be mailed or dropped off at: Claremont Nursing and Rehabilitation Center, Attn: Human Resources Office, 1000 Claremont Road, Carlisle, PA 17013