



SAMARITAN BED AND BATH SERVICE Inc.

15 Blue Ridge Drive  
Travelers Rest, SC 29690  
Telephone (864) 834-4848  
Fax (864) 689-1200

Date of Application: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### I. PERSONAL INFORMATION:

Name: _____			Maiden and/or Other Names Known By: _____		
Address: _____		City _____	State _____	Zip Code _____	Phone Number(s): _____
E-Mail Address: _____					Home: (____) _____
					Cell: (____) _____
Are you 18 or Older? (Circle One) Yes      No		Date of Birth: ____/____/____		Last Four of Social Security Number: XXX-XX-_____	
Previous Address: _____			How long have you lived in South Carolina: _____		

### II. DESIRED EMPLOYMENT:

Position Applying For: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Salary Desired \$ _____	Date you can start: _____ Days you can work: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Employed Now? (Circle One) Yes      No		If so, may we contact your present employer? (Circle One) Yes      No			
Have you worked here before? (Circle One) Yes      No					
If yes, reason for leaving? _____					
Have you ever filed for Workman's Compensation? (Circle One) Yes      No					
If yes, Please explain: _____					
Do you have a valid Driver's License? (Circle One) Yes      No		Driver's License Number: _____ State _____			
Do you have reliable transportation? (Circle One) Yes      No					
Have you ever been <u>charged and/or convicted</u> of a crime, excluding minor traffic violations? (Circle One) Yes      No					
If yes, Please explain: _____					

### III. LIST ANY QUALIFICATIONS OR CERTIFICATIONS:

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

### IV. FORMER EMPLOYERS IN RELATED FIELD: (List all health services first then your most recent employment.)

Name of Recent Employer and Address: _____		Phone Number (____) _____	
_____		Fax Number (____) _____	
_____		May we contact your employer? (Circle One) Yes      No	
Date Started _____	Date Ended _____	Job Title _____	Supervisor _____
Starting Salary: \$ _____ hr.	Ending Salary: \$ _____ hr.		
Work Description: _____			
Reason for leaving: _____			

Name of Recent Employer and Address: _____ _____		Phone Number (____) _____ Fax Number (____) _____ May we contact your employer? (Circle One)    Yes    No	
Date Started _____ Starting Salary: \$ _____ hr.	Date Ended _____ Ending Salary: \$ _____ hr.	Job Title	Supervisor
Work Description: _____ _____			
Reason for leaving: _____ _____			

Name of Recent Employer and Address: _____ _____		Phone Number (____) _____ Fax Number (____) _____ May we contact your employer? (Circle One)    Yes    No	
Date Started _____ Starting Salary: \$ _____ hr.	Date Ended _____ Ending Salary: \$ _____ hr.	Job Title	Supervisor
Work Description: _____ _____			
Reason for leaving: _____ _____			

**V. IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to this person: \_\_\_\_\_

**VI. LIST THREE PROFESSIONAL REFERENCES:**

	Name	Address	Phone Number	Relationship
1.	_____			
2.	_____			
3.	_____			

**VII. LIST THREE PERSONAL REFERENCES:**

	Name	Address	Phone Number	Relationship
1.	_____			
2.	_____			
3.	_____			

I certify that all the facts contained on this application are true and complete to the best of my knowledge and I understand that, if employed, falsified facts are grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

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