



Application for Employment

Premier Health and Rehabilitation Center of Las Vegas, LP
2945 Casa Vegas Street, Las Vegas, NV 89169

We are an Equal Employment Opportunity Employer

IDENTIFICATION	Last Name		First Name		Middle Name		Preferred Name	
	Street Address				City		State	Zip code
	Email Address				Cell Phone		Home Phone	
	How did you hear about our Company?				Were you referred to the Company? If yes, by whom? ☐ Yes ☐ No			
	Do you have any relatives that work for our Company? If yes, please list name and relation: ☐ Yes ☐ No				Have you ever worked for our Company? If so, when? ☐ Yes ☐ No			

POSITION	Primary Position Desired		Secondary Position Desired		Salary Desired		When are you able to start?	
	What is your availability to work? ☐ Full-Time ☐ Part-Time, Number of Hours _____				What shift(s) are you available? ☐ Morning Shift ☐ Evening Shift ☐ Night Shift			
	Available to work overtime? (if necessary) ☐ Yes ☐ No		Able to work weekends? ☐ Yes ☐ No		Able to travel? ☐ Yes ☐ No		Do you have a reliable means of transportation to/from work? ☐ Yes ☐ No	

PERSONAL	If hired, can you provide proof of eligibility to work in the United States? ☐ Yes ☐ No				Are you 18 years of age or older? ☐ Yes ☐ No				Can you furnish proof of your age? ☐ Yes ☐ No			
	Education List name and location.				Grade/Years Completed				Graduated?		Major	
	High School/GED				9 10 11 12				☐ Yes ☐ No		N/A	
	College/Junior College				1 2 3 4				☐ Yes ☐ No			
	Graduate School				1 2 3 4				☐ Yes ☐ No			
	Business/Trade School				1 2 3 4				☐ Yes ☐ No			
	List any foreign languages that you know: _____ ☐ Read ☐ Write ☐ Speak				Software Skills ☐ Excel ☐ Kronos ☐ PointClickCare ☐ Word ☐ Outlook ☐ Windows				Relevant Special Skills/Experience: _____ _____			

LICENSES	List all Licenses, Certifications and Professional Designations Earned				
	Type	State	License Number	Name on License	Expiration Date

ADDITIONAL INFORMATION	Have you ever used any other name than you are currently using? If yes, please list all names used:		☐ Yes	☐ No
	As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail:		☐ Yes	☐ No
	Are you able to perform the essential job functions of the position for which you are applying, with or without accommodation?		☐ Yes	☐ No
	If required, are you willing to have a pre-employment physical and/or drug test?		☐ Yes	☐ No

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment

