



SPECIAL SKILLS AND QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment and other experience.

APPLICANT'S STATEMENT

I, _____, declare that the information provided here is true and that any false statements or material omissions can disqualify me from further consideration for employment or result in termination of employment after placement.

I also authorize SHAY HEALTH CARE SERVICES/SHAY NURSING SERVICES, INC. to check references, verify information, obtain reports from consumer reporting agencies, to make a thorough investigation of my prior employment and educational background, I further authorize SHAY HEALTH CARE SERVICES, INC./SHAY NURSING SERVICES, INC. to complete a Criminal Background check which includes but not limited to a Illinois State police check (finger print, Live Scan or name based), internet searches to include HHS Office of the Inspector General, Illinois Sex Offender Registry, Illinois Dept. of Corrections; inmate search, sex registrant; wanted fugitive and the National Sex Offender Public Registry and any other site that will assist in a thorough criminal investigation. I release SHAY HEALTH CARE SERVICES/SHAY NURSING SERVICES, INC. and all cooperating parties from liability.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with SHAY HEALTH CARE SERVICES/SHAY NURSING SERVICES, INC. is of an "at will" nature, which means that the employee may resign at any time and that SHAY HEALTH CARE SERVICES/SHAY NURSING SERVICES, INC. may discharge employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of SHAY HEALTH CARE SERVICES/SHAY NURSING SERVICES, INC..

I understand, also, that I am required to abide by all rules and regulations of SHAY HEALTH CARE SERVICES/SHAY NURSING SERVICES, INC.

SIGNATURE OF APPLICANT

DATE

SHAY Healthcare Services/SHAY Nursing Services is an equal opportunity employer.



AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for Affirmative Action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

This company is committed to an Affirmative Action Program, which includes giving full consideration for employment to qualified handicapped individuals, Vietnam Era, disabled veterans, ethnic minorities, and women.

The following information is being requested of all applicants for employment. Your providing this information is strictly voluntary. This self-identification request is made in compliance with the regulations issued by the office of Federal Contract Compliance. Its purpose is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

TITLE OF JOB APPLIED FOR: _____

SEX:

_____ Male _____ Female

RACE/ETHNICITY: (CHECK ONE OR MORE)

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Caucasian
- _____ Hispanic or Latino
- _____ Native Hawaiian or other Pacific Islander
- _____ Two or More Races - Candidates who identify with or is regarded in the community as belonging to two or more races and/or have significant percentage of their parentage in two races or cultures, and would base their identification on the definition above.

PHYSICAL CONDITION:

- _____ No handicap
- _____ Physically handicapped (No facility modification)
- _____ Physically handicapped (Facility modification)
- _____ Health handicapped (Heart attack, diabetic, seizures, etc.)
- _____ Mentally handicapped (Learning disabled)

VETERANS/U.S. MILITARY STATUS:

- _____ Non-Veteran
- _____ Pre-Vietnam Veteran
- _____ Pre-Vietnam Veteran with service incurred disability
- _____ Vietnam Era Veteran (08/05/64 - 05/07/75)
- _____ Vietnam Era Veteran with service incurred disability
- _____ Post Vietnam Veteran
- _____ Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD OR RESERVIST: (Check One)

_____ Yes _____ No

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE.