

THE GARDENS AT DEPUGH NURSING CENTER

APPLICATION FOR EMPLOYMENT

1 INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

2 APPLICANT INFORMATION

Position(s) applied for: _____ Date of application: ____/____/____

Name:
Last _____ First: _____ M.I. ____ Other: _____

Address: _____
Street City State Zip Code

Telephone #: () _____ Other Phone #: () _____ Social Security# _____

Are you over the age of 18? Yes No
(If no, you may be required to provide authorization to work)

Have you previously filed an application with this company? Yes No If yes, give date: _____

Have you previously been employed by this company? Yes No If yes, give date: _____

Shift Desired: _____ Salary Desired: _____ Date you can start: _____

Please list any relatives or friends who are employed at this work site and their relationship to you: _____

Do you have the legal right to work in the United States? Yes No
(Proof of identity and eligibility will be required upon employment.)

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-op

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings? Yes No

If required, are you available to travel? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.) Yes No

If yes, provide details including dates: _____

PLEASE NOTE: THE FACT THAT YOU ARE AWAITING TRIAL OR HAVE A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

AN EQUAL OPPORTUNITY EMPLOYER

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3 SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Other Languages: (Please indicate if read, written or spoken.) _____

Can you perform the essential functions of the position for which you are applying? Yes No

If no, please explain:

If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.

4 EDUCATION DATA

School	Print Name, Number and Street, City, State and Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Correspondence				

Honors received: _____

5 WORK-RELATED REFERENCES List only work-related references below.

Reference Name, Company Name and Address	Telephone	Years Known

6 EMPLOYMENT EXPERIENCE LIST YOUR PREVIOUS FIVE EMPLOYERS (most recent first).

Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

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Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

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	From	To	
Address			
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	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Are you presently employed? Yes No If yes, may we contact your employer? Yes No

If presently employed, why are you considering leaving? _____

Please provide an explanation for any lapse of employment _____

Have you ever been dismissed or forced to resign from employment? Yes No If yes, please explain.

APPLICATION FOR EMPLOYMENT

APPLICANT'S STATEMENT, AUTHORIZATION AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself or the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between the Company and myself.

Note: Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

THE COMPANY'S STATEMENT

The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

EMPLOYEE SIGNATURE:

Signature: _____

Date: _____

**The Gardens at Depugh Nursing Center
Employee Reference Check Form**

It is the policy of The Gardens at Depugh Nursing Center to obtain references on all individuals who are seeking employment here. All job offers are made pending the outcome of these reference checks.
(This form can be utilized for obtaining references either by telephone or in writing.)

Applicant Name: _____ **Position Applying for:** _____

Applicant is to sign giving permission to release information from current/previous employers

I give my permission for you to release the information requested by The Gardens at Depugh Nursing Center.

Signature of Applicant

Date

*******APPLICANT IS NOT TO WRITE BELOW THIS LINE*******
*******EMPLOYER TO COMPLETE ONLY*******

Company Name: _____ **Phone No.:** _____

Name of Reference: _____ **Title:** _____

Dates of employment: _____ to _____ **Salary upon leaving:** _____

Position/Title upon leaving: _____ **Job responsibilities:** _____

Is this applicant eligible for rehire? Yes or No **If no, why?** _____

Reason for Leaving: _____

Please rate the applicant on the following characteristics:

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT
QUALITY OF WORK					
ATTENDANCE/DEPENDABILITY					
ATTITUDE					
INITIATIVE					

Applicant's Strengths: _____ **Weaknesses:** _____

What else can you tell me that would be important for me to know? _____

Signature of Authorized Personnel Completing this Form

Title

Date

Obtained Reference Via (circle one): *Phone/Verbal* *Fax* *E-Mail* *Mail*

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