

## APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WE RECRUIT, HIRE TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW

PLEASE PRINT ALL REQUESTED INFORMATION  
DATE: \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU APPLYING FOR  
 FULL TIME    OR     PART TIME     REGULAR     TEMPORARY     SUMMER EMPLOYMENT

IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER WEEK \_\_\_\_\_

LAST NAME                      FIRST NAME                      MIDDLE                      SOCIAL SECURITY NUMBER  
 \_\_\_\_\_

ADDRESS                      CITY                      STATE    ZIPCODE                      AREA CODE                      TELEPHONE NUMBER  
 (       )                      (       )                      --                      DAY  
 (       )                      (       )                      --                      EVENING

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING?     YES     NO

EMAIL: \_\_\_\_\_

ARE YOU 18 OR OLDER?     YES     NO

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATING IN THE MEDICARE OR MEDICAID PROGRAM?  
 YES     NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?  
 YES     NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?  
 YES     NO  
 IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED  
 \_\_\_\_\_

A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?  
 YES     NO    WHEN? \_\_\_\_\_

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY?     YES     NO  
 NAME(S) \_\_\_\_\_

HOW WERE YOU REFERRED?

NEWSPAPER AD                       FRIENDS/RELATIVE  
 EMPLOYEE REFERRAL                       REHIRE  
 CAREER DAY                       OTHER \_\_\_\_\_  
 JOB FAIR

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE?     YES     NO

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB POSITION?     YES     NO  
 IF "YES", EXPLAIN FULLY (A YES ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT)  
 \_\_\_\_\_

OTHER NAMES BY WHICH YOU ARE KNOWN:  
 \_\_\_\_\_  
 \_\_\_\_\_

SHIFT PREFERENCE  
 (CHECK ONE)  
 DAY  
 EVENING  
 NIGHT

IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK?  
 YES    NO  
     DAY  
     EVENING  
     NIGHT

IF REQUIRED, WILL YOU WORK?

YES    NO  
     SATURDAYS  
     SUNDAYS  
     HOLIDAYS  
     ROTATING SHIFTS

FOR OFFICE USE ONLY

EMPLOYEE NUMBER \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

## EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLOYER	POSITION HELD	DATES FROM                      TO	HRS/WK
ADDRESS	NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment?	TELEPHONE #
CITY                      STATE                      ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

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CITY                      STATE                      ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

<b>EDUCATION</b>				
<b>SCHOOL</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>COURSE OF STUDY</b>	<b>CIRCLE LAST YEAR COMPLETED</b>	<b>LIST DIPLOMA DEGREES(S) OBTAINED</b>
HIGH SCHOOL			1 2 3 4	
COLLEGE(S)			1 2 3 4	
			5 6 7 8	
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING – Approx WPM	
			SHORTHAND – Approx WPM	
LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED			WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH?	
<b>PROFESSIONAL LICENSES AND/OR CERTIFICATES</b>				
ARE YOU:	CURRENTLY	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED
	ELIGIBLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION
IF LICENSED REGISTERED OR CERTIFIED:				
TYPE	NO:	STATE ISSUED	DATE ISSUED:	EXPIRATION
<b>LANGUAGE SKILLS (OTHER THAN ENGLISH)</b>				
SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK _____, WRITE _____, AND READ _____ INCLUDING SIGN LANGUAGE:				
<b>UNITED STATES MILITARY SERVICE:</b> If you obtained any experience or skills while performing military service that relates to the job for which you are applying, please describe the nature of your duties that led to the experience.				
<b>ADDITIONAL REFERENCES</b> PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANZATIONS, ETC. (NOT FRIENDS OR RELATIVES)				
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
<b>ADDITIONAL INFORMATION:</b> Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law.				
_____				
_____				
_____				

**IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING**

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT**

DATE OF BIRTH	MAIDEN NAME
PERSON TO NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP
ADDRESS                      CITY              STATE	AREA CODE                      TELEPHONE NUMBER

**RELEASE AUTHORIZATION AND  
FAIR CREDIT REPORTING ACT DISCLOSURE  
[FOR EMPLOYMENT PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application or resume during the term of employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Consumer Finance Protection Bureau's web site. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

**By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, and licensing agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DISCLOSURE and AUTHORIZATION for CONSUMER REPORT**

I, \_\_\_\_\_, hereby acknowledge that ATTALA COUNTY NURSING CENTER (the Facility) may use a consumer report furnished by a consumer reporting agency to render a decision regarding my application for employment. In accordance with the Federal Fair Credit Reporting Act (FCRA), and by my signature below, I hereby authorize the Facility to obtain a consumer report furnished by a consumer reporting agency containing my personal, employment and other related matters, including any criminal history record information, as may be helpful in arriving at an employment decision.

If hired, I acknowledge that the Facility may use a consumer report furnished by a consumer reporting agency to render a decision regarding my continued employment, including any promotion, reassignment or retention. Accordingly, I further authorize the Facility to obtain a consumer report of my personal, employment and other related matters, including any criminal history record information, at any time during my employment with the Facility, as may be helpful in arriving at an employment decision pertaining to me.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).