

**APPLICATION FOR EMPLOYMENT
ALICEVILLE MANOR NURSING HOME, INC.**

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, marital status, handicap, sex, national origin, age, mental or physical disability, veteran status, or any other reason prohibited by law.

This application is active for 60 days.

POSITION APPLIED FOR: _____

NAME: _____ PHONE #: _____
(Last) (First) (MI)

OTHER NAMES YOU'VE WORKED UNDER: _____

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip Code)

FORMER ADDRESS: _____
(Street) (City) (State) (Zip Code)

Are you at least 18 years of age? YES NO (circle one answer per question)

Are you a U.S. Citizen or legally authorized to work in the U.S.? YES NO
(Proof of citizenship or right to work status will be required at the time of hire.)

Do you have adequate means of transportation to get to work on time each day and when called in on a short notice? YES NO

Review the job description for the position for which you are applying. Do you meet the qualifications and have the ability to perform the essential job functions of this job? YES NO

If you answered no to any of the above, please explain: _____

Would you accept part time work? YES NO

Would you accept temporary work? YES NO

Are you related to anyone working in this facility? YES NO

If yes, state the name and relationship of each relative: _____

Date you can begin work: _____ Preferred Shift: _____

EDUCATIONAL BACKGROUND

High School	Graduation Date	Diploma Type
College	Graduation Date	Degree earned
Nursing School	Graduation Date	License Obtained
Other		

EMPLOYMENT HISTORY

List all employers for whom you have worked during the last five years. Explain any lapses between times when employed.

Name/Address of Employer	Dates	Position	Phone Number	Reason For Leaving

PERSONAL REFERENCES

List Three personal references that are not related to you

Name	Phone Number	How long have you known this person

PROFESSIONAL LICENSES AND CERTIFICATIONS:

Type	State	Date Issued	Exp. Date	Number

ACKNOWLEDGEMENT STATEMENT

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employer to release information pertaining to my work record, and work habits, and my work performance while in their employ.

In making application for employment, I understand that an Investigation report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I also understand that a criminal background investigation may be conducted.

I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a gratuitous statement of the nursing facility's current policies.

I understand that the nursing facility reserves the right to require its employee to submit to blood tests or urinalysis for alcohol or drug screen or to allow inspection of bags (including purses or briefcases) or parcels brought or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of employment.

I understand and agree that if I am offered employment by the nursing facility; my employment will be for no definite term. Either the nursing facility or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. This relationship can only be modified in writing and signed by an officer of the facility.

Signature of Applicant

Date

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CIVIL/CRIMINAL HISTORY, CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employee selection process, **ALICEVILLE MANOR** routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports and/or credit information on applicants for employment and employees that apply for promotions. The information contained in these reports may be used to deny an individual employment with **ALICEVILLE MANOR** or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize **ALICEVILLE MANOR**, by and through an independent contractor, Bullet Investigations ("the Agency") to procure a consumer report and/or investigative consumer report on me prior to employment and/or throughout the term of employment.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references; personal interviews; personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and/or any other public record. I also understand that any of these reports may be done on an annual basis.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15.U.S.C 1681 et seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above, to disclose the same to **ALICEVILLE MANOR**, by and through the Agency, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **ALICEVILLE MANOR**, the Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report and/or civil/criminal history hereby authorized.

Printed Name _____
First Middle Last

Other _____
First Middle Last

Current Address _____
Street/P.O. Box City State Zip How Long

Former Address _____
Street/P.O. Box City State Zip How Long

Former Address _____
Street/P.O. Box City State Zip How Long

Social Security _____ Drivers License # _____
Include State

Date of Birth ___/___/___ Gender: Male Female Email Address _____
Circle One

Professional license # _____ Profession _____

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion of employment. For applicants under the age of 18, a parent or guardian must sign below to authorize this search.

Signed _____ Date _____