



Grand Haven Nursing Home

Employment Application

Applicant Information

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition of handicap, or any other status protected by law. For this type of employment, STATE LAW requires a criminal record check as a condition of employment. We are an Equal Opportunity Employer. We are drug-free facility. Please inform us if you would require any special arrangements during the interview process.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you willing to work overtime? _____ Are you able to rotate shifts? _____

Shift Desired: Day _____ Evening _____ Night _____ Any _____

How were you referred to us? _____

Are you over the age of 17? _____ Do you have access to adequate transportation to travel to and from work? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education- Attach Resume if Available

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Professional License # _____ State _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

AUTHORIZATION FOR PRE EMPLOYMENT DRUG SCREENING FORM



I am willing to agree to be tested for drugs. I recognize that such test may be requested prior to or during my employment. Accordingly, I give consent to any clinic, laboratory or hospital designated by the Facility to perform such appropriate tests for examination on me for drugs and/or alcohol.

I further give my permission to any such clinic, laboratory or hospital to release the results of these tests to the Facility. I also understand that the results of such procedures and/or test will become part of my personnel file if I work as an employee of the Facility.

I understand and agree that if I should become an employee of the Facility and as a condition of continued employment, the facility reserves the right to conduct future drug and/or alcohol screening's to detect the presence of alcohol, illegal or unauthorized drugs, and other dangerous substances, and that the presence of such substances or refusal to submit to such test may be grounds for immediate discharge of employment.

I also accept that there will be a \$25.00 charge for this screening, and I understand that this amount will be deducted from my paycheck.

Please be advised that the following terms do not constitute a contract of employment. This facility adheres to the "Employment at Will" doctrine, which essentially means that you, as well as the facility, are free to terminate the employment relationship at any time and for any reason. Additionally, the terms are suggest to the policies and procedures of the Facility and, as such, are subject to change.

(Signature) Date _____

If employee is a minor, parental or guardian, consent is required.

(Parent/Guardian Signature) Date _____



REQUEST FOR CONVICTION RECORDS

PUSUANT TO KRS 216.793, THE PERSON IDENTIFIED HEREIN MAKES A REQUEST FOR ANY RECORD OF CONVICTION OF A CRIME. THIS INFORMATION SHALL BE RELEASED TO:

NAME OF FACILITY AND ADDRESS, CITY, STATE, ZIP AND FACILITY

Grand Haven Nursing Home is prohibited from employing any individual that has been convicted of any of the following: 1. Felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime or 2. Misdemeanor offenses related to abuse, neglect, or exploitation of an adult.

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment in a position involving direct service with a senior citizen(s) with an agency funded by the Department of Social Services. I understand that Grand Haven Nursing Home will be provided with any record I may have for conviction of any crime. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Office of Courts and any Office of the Courts employee from any claim for damages arising from the dissemination of inaccurate information.

Have you ever been convicted of a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime? NO YES
Please explain:

APPLICANT INFORMATION (PLEASE PRINT)

Name: _____
 LAST FIRST MIDDLE MAIDEN

Address: _____
 Street City County State ZIP_

Date of Birth: _____ Social Security# _____

Signature: _____ Date: _____