

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you at home is: _____ a.m./p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes ___ No

Have you ever filed an application with us before? _____ Yes ___ No
 If Yes, give date _____

Have you ever been employed with us before? _____ Yes ___ No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes ___ No
 If Yes, give name(s) _____

Are you currently employed? _____ Yes ___ No

May we contact your present employer? _____ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment _____ Yes ___ No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: ___ Full-Time (Please indicate 1 2 3 shift)
 ___ Part-Time (Please indicate Mornings Afternoon Evenings)
 ___ Temporary (Please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? _____ Yes ___ No

Can you travel if a job requires it? _____ Yes ___ No

Have you been convicted of a felony in the last seven (7) years? _____ Yes ___ No
 If Yes, please explain:

Conviction will not necessarily disqualify an applicant from employment.

EDUCATION

	Name & Address of School	Course Studied	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations with indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.
 YES NO

REFERENCES

1.	()
(Name)	Phone #
(Address)	
2.	()
(Name)	Phone #
(Address)	
3.	()
(Name)	Phone #
(Address)	

Have you been convicted of a felony in the last seven (7) years?

YES _____ NO _____

If YES, please explain:

Conviction will not necessarily disqualify an applicant from employment.

AUTHORIZATION FOR BACKGROUND CHECK REPORTS

In connection with your employment application consumer reports or investigative consumer reports which may contain public record information will be requested through MESH or through a similar background check agency. The information requested may contain but not limited to consumer credit, criminal records, driving records, education, prior employer verification, employment history, including all personnel files, birth records, social security number verification, date of birth verification, current and previous residences, character references, workers compensation claims and others. These reports may include experience information along with reasons for termination of previous employment. Information from various, Federal, State, Local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize and request, without any reservation, that any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you furnish and all background information in their possession regarding you. You further authorize ongoing procurement of the above mentioned reports at any time during employment. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. You may, upon providing proper identification and paying any legally permissible fees, request that the provider(s) or any consumer or investigative consumer reports provide you with a copy of the information on you in its files at the time of your request.

By signing below, you hereby release **SEACREST VILLAGE INC.** and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs, family or associates because of compliance with the authorization and request to release information. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

I _____ hereby authorize the completion of a background check pursuant to the description above.

(signature)

(date)

Print your name:

First

Middle

Last (include Sr., Jr. etc)

Street Address: _____

City, State, Zip _____

Social Security Number: _____

Drivers License State: _____

Drivers License Number: _____

The following is for identification purposes only, to perform the background check:

Date of Birth (MM/DD/YYYY) _____

Gender: _____

Other or Former Names (including maiden name, if applicable):

Signature: _____ Date: _____

To: _____

I, _____, Social Security Number _____, have applied to *Seacrest Village Nursing Home* for the position of _____.

I have stated that I was employed by your organization from _____ to _____ in the position(s) of:
_____.

My name while in your employ was: _____.

I hereby authorize you, with whom I have been associated, to furnish the following information to *Seacrest Village Nursing Home* concerning my employment. I hereby release your organization and all individuals connected therewith from all liability for any damages whatsoever incurred furnishing such information.

Signature Date

We are considering the above-named applicant for employment. Thank you for providing us with this information at your earliest convenience.

Your cooperation is sincerely appreciated.

Administrator

(To be filled out by previous employer)

Dates employed: From: _____ to _____

Position(s) held: _____

	Excellent	Good	Fair	Poor
Quality of work:	_____	_____	_____	_____
Initiative:	_____	_____	_____	_____
Attendance:	_____	_____	_____	_____
Punctuality:	_____	_____	_____	_____
Dependability:	_____	_____	_____	_____

Reason for leaving: _____

Would you re-employ? Yes ___ No ___ (If no, why?) _____

Signature, Title Date

To: _____

I, _____, Social Security Number _____, have applied to *Seacrest Village Nursing Home* for the position of _____.

I have stated that I was employed by your organization from _____ to _____ in the position(s) of: _____

My name while in your employ was: _____.

I hereby authorize you, with whom I have been associated, to furnish the following information to *Seacrest Village Nursing Home* concerning my employment. I hereby release your organization and all individuals connected therewith from all liability for any damages whatsoever incurred furnishing such information.

Signature

Date

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Attendance:	_____	_____	_____	_____
Punctuality:	_____	_____	_____	_____
Dependability:	_____	_____	_____	_____

Reason for leaving: _____

Would you re-employ? Yes ___ No ___ (If no, why?) _____

Signature, Title

Date