

# VAN BUREN HEALTHCARE AND REHABILITATION

## APPLICATION FOR EMPLOYMENT

This application for employment will not be considered unless fully completed

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

Last Name	First	Middle	Social Security Number	
Any other name(s) needed to verify contents of this application:				
Present address (number and street)		City	State	Zip Code
Phone	If other than yours, whose?			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			If not, give date of birth:	

### EMPLOYMENT DESIRED

Position applying for <input type="checkbox"/> CNA <input type="checkbox"/> CMA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Other: _____		What wage do you expect
Are you employed now <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, can we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Will you accept employment of: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?
Were you previously employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?

### EDUCATION

School	Name and location of school	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma Received
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**If licensed, registered or certified – please give details (certificate no., expiration date, State, etc.)**

### REFERENCES

List two people (no relatives) with whom you have worked and whom we may contact for a reference.

Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone #:		Phone #:	
Occupation:		Occupation:	

**EQUAL OPPORTUNITY EMPLOYER  
IF ASSISTANCE IN THE APPLICATION OR HIRING PROCESS IS NEEDED  
TO ACCOMMODATE A DISABILITY, PLEASE ADVISE US**

# VAN BUREN HEALTHCARE AND REHABILITATION

## GENERAL INFORMATION

Have you ever been convicted of a crime in the past 10 years? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If you answered yes to the questions above, explain below: _____ _____
In case of emergency, notify: Name: _____ Address: _____ Contact Number: _____

## EMPLOYMENT HISTORY (Start with the most recent and work backwards)

Name of employer	Employment Month and Year From: _____ To: _____	Reason for Leaving
Address	Position Held	
Name of Supervisor	Salary	
Telephone	Eligible for re-employment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer	Employment Month and Year From: _____ To: _____	Reason for Leaving
Address	Position Held	
Name of Supervisor	Salary	
Telephone	Eligible for re-employment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer	Employment Month and Year From: _____ To: _____	Reason for Leaving
Address	Position Held	
Name of Supervisor	Salary	
Telephone	Eligible for re-employment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you worked in any nursing home or hospital other than those listed above? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
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## CERTIFICATION

"I certify that all statements in this application are true and complete to the best of my knowledge and understand that, if employed, misrepresentation or omission of facts called for is cause for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and release all parties from any liability for any damage that may result from furnishing same to you."  Signature: _____ Date: _____
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# VAN BUREN HEALTHCARE AND REHABILITATION

## PLEASE READ

I understand that my application for employment will be active for (60) days from date of completion. If I am not hired during this period of time, I must let this facility know I am still available and desire employment.

I understand that final approval for employment will be subject to my meeting nursing home health standard requirements for employment.

I authorize this facility to conduct a criminal background check. I understand that employment will be terminated for any disqualifying event according to State and Federal regulations.

I understand that my name will be checked against the employee misconduct registry and I will not be employed if listed on the registry.

I understand that it is my responsibility to keep the facility informed concerning changes in my availability to work.

I hereby certify that all of the above statements are true and I understand and agree that I am subject to immediate discharge without recourse if information provided is found to be untrue.

I voluntarily authorize this facility to contact any or all of my past or present employers and to otherwise investigate my past employment and any other statement contained in this application.

I further understand that final approval for employment will be subject to this investigation.

I authorize all my past or present employers to furnish to this facility all information they may have concerning me and I hereby release them and this facility from all liability or any damage whatsoever arising therefore.

I give my permission for an alcohol/drug screen test upon request at any time during my employment.

I understand that, unless stated otherwise, my employment is at will and may be terminated at any time, with or without cause, and with or without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date