

Application for Employment

MOUNTAINVIEW NURSING HOME

An Agency of Community Services of the Aging, Inc.

340 Cedar Springs Road

Spartanburg, SC 29302

A Registered Home of The Eden Alternative™

PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____/____/____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY

WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

Have you used any other name(s) or social security number than as listed above? YES NO
(If yes, please list on page 3 of this form)

If necessary, the best time to call you at home is

May we contact you at work? YES NO

If yes, work number and best time to call (_____) _____ TIME
AREA CODE

Have you filed an application here before? YES NO

If yes, give date

Have you ever been employed here before? YES NO

If yes, give dates FROM ____/____/____ TO ____/____/____

Name while employed: _____

Do you have relatives working for Mountainview Nursing Home?: _____

If yes, please list _____

Are you legally eligible for employment in this country? YES NO
(Proof of U. S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Type of employment desired: Full-Time Part-Time PRN CNA Class

Shift Desired: Day (1) Evening (2) Night (3)

Have you been convicted of a crime? YES NO

If Yes, please explain: _____

THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
		HOURLY RATE		
		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
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JOB TITLE		HOURLY RATE/SALARY		
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		FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company. Are you licensed? Licensed in State of SC? License number.

Educational Background

A. List last three (3) schools attended, *starting with last one*; B. List number of years completed; C. Indicate degree or diploma earned, if any; and D. Field of Study.

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. FIELD OF STUDY

References

List name and telephone number of three business/work references who are familiar with your work ability. They must not be related to you and not previous supervisors.

NAME	TELEPHONE	YEARS KNOWN

List any additional information you would like us to consider. _____

OTHER NAMES(S) OR SOCIAL SECURITY NUMBER: _____

READ CAREFULLY BEFORE SIGNING. I certify that the answers to the above questions are true and correct without omissions of any kind, I understand any misstatement of fact or material omissions shall be sufficient for cancellation of the application or dismissal from employment if I have been employed. I hereby grant permission to Mountainview Nursing Home to check on all my references and authorize the companies, schools or persons listed in this application or during the interview to release any information regarding my employment or qualifications. I understand that if I am employed it shall be on a trial basis for a 90 day probationary period. I further agree to give adequate notice in accordance with the personnel policy should I resign from Mountainview Nursing Home. The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of excluding any applicant's consideration for employment on a basis prohibited by local, State or Federal law. After an offer of employment has been made, Mountainview requires each applicant to successfully complete a pre-employment drug screening, criminal background check, and a medical health screening.

I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT WILL BE FOR NO GUARANTEED OR SPECIFIC DURATION, AND THAT I WILL BE AN AT WILL EMPLOYEE. THIS MEANS THAT MY EMPLOYMENT MAY BE SEPARATED AT WILL, EITHER BY MYSELF OR BY MOUNTAINVIEW NURSING HOME. I FURTHER UNDERSTAND THAT ONLY THE ADMINISTRATOR OF MOUNTAINVIEW NURSING HOME HAS THE AUTHORITY TO ENTER INTO EMPLOYMENT CONTRACTS AND SUCH AGREEMENTS, TO BE VALID, MUST BE IN WRITING AND SIGNED BY THE ADMINISTRATOR. I UNDERSTAND THAT ALL OTHER STATEMENTS BY MANAGEMENT, WHETHER ORAL OR WRITTEN, AS WELL AS PERSONNEL POLICIES, HANDBOOKS, OR ANY OTHER TYPE OF WRITTEN MOUNTAINVIEW NURSING HOME DOCUMENTS ARE NOT EMPLOYMENT CONTRACTS.

Date

Signature of Applicant

For Personnel Department Use Only

NAME _____

OFFERED EMPLOYMENT YES NO

DATE OF HIRE ____/____/____

POSITION HIRED FOR _____

REFERENCE CHECK

1. Person Contacted: _____ Comments: _____

2. Person Contacted: _____ Comments: _____

3. Person Contacted: _____ Comments: _____

COMPLETED BY: _____ Date ____/____/____

ADMINISTRATION _____ Date ____/____/____ Rate of Pay _____

COMMENTS:

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Mountainview Nursing Home
340 Cedar Springs Road
Spartanburg, SC 29302
864-582-4175

I, _____, do here by give permission for the release of any personal related information concerning my pending employment with Mountainview. I am aware that a drug screen and criminal background check will be performed in regards to DHEC regulations and that the negative results as well as falsification of application can cause all job offers to be rescinded. Please be aware that all arrest information will be included in the criminal background check no matter how old or minor.

The information provided below is to help with the search and therefore may not be falsified. Please print all information as clearly as possible.

Have you live anywhere outside of the State of South Carolina in the last 12 months? _____

If "YES", please list past addresses below

Street

City, State, Zip Code

Street

City, State, Zip Code

Do you hold a Certification or License from another state? _____

If "YES", please list States below

Applicant Name (Maiden Name) _____

Social Security Number _____

Date of Birth _____

Email Address _____

Signature _____

Date _____