

SALUDA NURSING CENTER

(An Equal Opportunity Employer)

DATE _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

Social Security Number _____ Telephone _____

Address _____ City _____ State _____ Zip _____

APPLYING FOR:

Employment as _____ Volunteer _____ Sitter for _____

☐ FULL TIME

☐ PART TIME

☐ TEMPORARY

☐ SUMMER

When are you available? _____

Shift Preference _____

Are you able to perform the essential functions of the work for which you are applying with or without reasonable accommodations? Yes _____ No _____

REFERENCES: Give the names of three persons who are not related to you whom you have known at least one (1) year.

NAME

ADDRESS

BUSINESS

TELEPHONE

1. _____

2. _____

3. _____

IN CASE OF EMERGENCY NOTIFY: _____

Emergency Contact Phone Nbr: _____

EDUCATION OR TRAINING: Please indicate your education, work experience or other background information which is relevant to the job for which you are applying:

SPECIAL SKILLS: Please indicate if you have any skills or experience operating or maintaining office equipment or machines. (For example – typing speed, computer skills, etc.) Please be specific:

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE: YES___ NO___

If yes, when?_____

In what position? _____

.....

WORK EXPERIENCE: Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name, etc.

Name of Employer_____Phone_____

Address_____City_____State_____Zip_____

Name of Last Supervisor_____

Employed from:_____To: _____

Your Last Job Title _____

Reason for Leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer_____Phone_____

Address_____City_____State_____Zip_____

Name of Last Supervisor_____

Employed from:_____To: _____

Your Last Job Title _____

Reason for Leaving _____

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Address _____
City State Zip

Name of Last Supervisor _____

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Address _____
City State Zip

Name of Last Supervisor _____

Employed from: _____ To: _____

Your Last Job Title _____

Reason for Leaving _____

List the Jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

SALUDA NURSING CENTER will not employ individuals who have been found guilty of abuse, neglect or mistreatment of residents by a court of law or have a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of residents or misappropriation of any property.

The Nursing Center, all departments, will be thorough in the investigation of past histories of individuals we consider for hiring. We will check with current and past employers and make efforts to uncover information about any past criminal prosecutions.

If you understand and agree to the above and certify that you are not guilty of the above, please sign and date:

Signature

Date

PLEASE LIST ANY CRIMINAL CONVICTIONS

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND ALL REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I FURTHER AUTHORIZE THE CENTER TO INVESTIGATE ALL OTHER ASPECTS OF MY BACKGROUND, BUT NOT LIMITED TO, ANY RECORD OF CRIMINAL ACTIVITY OR CREDIT RECORD AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE CENTER.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE _____ SIGNATURE _____

DRUG TESTING

THE EMPLOYER RESERVES THE RIGHT TO TEST FOR ILLEGAL USE OF DRUGS.

SALUDA NURSING CENTER HAS THE RIGHT TO DISCIPLINE, DISMISS OR DECLINE TO HIRE AN INDIVIDUAL WHO TESTS POSITIVE FOR ILLEGAL USE OF DRUGS OR INTOXICATING SUBSTANCES. NO ALCOHOL IS TO BE USED AT THE CENTER.

I UNDERSTAND AND AGREE TO THE CENTER'S POLICY REGARDING THE ILLEGAL USE OF DRUGS AND INTOXICATING SUBSTANCES.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Interview _____ Date: _____

Hired: YES ____ NO ____ Position _____ Dept _____

Salary Wages _____ Date to report to work _____

Approved _____
Administrator Dept. Head Supervisor

Copies of Identification Obtained: DL SS VR DHEC LIC DP

Other