

SALUDA NURSING CENTER

(An Equal Opportunity Employer)

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

DATE _____

LAST NAME FIRST NAME MIDDLE INITIAL

Telephone _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

POSITION APPLYING FOR: Employment as _____

FULL TIME PART TIME TEMPORARY SUMMER

Volunteer _____ Sitter for _____

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	BUSINESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____

Emergency Contact Phone Number: _____

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? _____

.....

THIS AREA MUST BE FILLED OUT COMPLETELY, REGARDLESS OF AN ATTACHED RESUME.

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 _____

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

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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

“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