

Locust Grove Village

701 W 6th Street

LaCrosse, KS 67548

(785) 222-2574

APPLICATION FOR EMPLOYMENT



NAME:

APPLICATION FOR EMPLOYMENT

All information will be treated confidentially. Your application will remain under active consideration for sixty (60) days from the date it is filed. It will then become inactive unless you notify this facility that you want to remain under consideration.

The use of this application form does not indicate that there are any positions open and does not in any way obligate you or this facility.

Please print legibly or type.

PERSONAL:

Print Name: _____
(last) (first) (Middle)

Address: _____
(street) (city) (state) (zip)

Telephone No: (_____) _____

Are you at least 16 years of age? YES NO

EDUCATION:

Name(s) of Educational Institutions	Location	Curriculum/Major	Highest Grade Degree Completed
High School			
College OR University			
Trade OR Vocational			
Business OR Other			

SPECIALIZED TRAINING:

List all licenses, areas of certification, or any other special training: _____

JOB INTEREST

Position Applied For: _____

Date of Application: _____

Full Time or PT: _____

Date Available for Work: _____

Which Shifts Are You Available To Work?

_____ Days _____ Eve _____ Nights

I was referred to Locust Grove Village by:

Have you ever been convicted of a felony? _____ Yes _____ No
 (A record of a conviction may not disqualify you from consideration for employment.)

Have you ever been convicted in a court of law of a crime involving abuse, neglect, or mistreatment of an individual? _____ Yes _____ No
 (This question is made pursuant to the provisions of CFR 483.13© (l) (ii)).

PAST EMPLOYMENT:

Please indicate a continued record of employment, beginning with your most recent positions. Include what you have done for the last 5 years, or from the time you left school.

Employer's Name	From Mo/Yr	To Mo/Yr	Address and Phone Number	Job Title and/or Duties	Reason for Leaving
#1					
Supervisor:	Rate of Pay:				
#2					
Supervisor:	Rate of Pay:				
#3					
Supervisor:	Rate of Pay:				
#4					
Supervisor:	Rate of Pay:				
#5					
Supervisor:	Rate of Pay:				

If you are currently employed, may we contact your present employer? _____ Yes _____ No

REFERENCES:

Please list the names of three persons, not related to you, and whom you have known at least one year.

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE READ THIS SECTION BEFORE SIGNING!

FALSIFICATION OF RECORDS

I certify that the information in this application is correct to the best of my knowledge, and understand that falsification of this application or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment.

EMPLOYMENT AT WILL

I agree to conform to the rules and regulations of the facility as communicated to me. I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and this facility; and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship. I further understand that no employee or supervisor except the Chief Executive Officer (CEO) or designee has the authority to enter into any agreement or contract of employment for any specific terms of employment such as length of service, future salary increases, or agreement contrary to this application. Furthermore, I understand and agree that any such agreement entered into by the CEO or designee will not be enforceable unless it is in writing.

CONDITIONAL OFFER OF EMPLOYMENT

If I receive a conditional offer of employment, I understand that I may be the subject of drug screening, criminal background study, physical screening and evaluation, and I hereby consent to such screening and record checks.

PROOF OF RIGHT TO WORK

If I am offered a position with the facility, I understand that as a condition of employment I will be required to prove identity and right to work as required by the Immigration Reform and Control Act of 1986.

RELEASE OF INFORMATION

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the facility to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references of any other persons who can verify information; (3) discuss the results of any investigation with other employees of the facility involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to the facility.

Applicant Signature

Date

Rush County Nursing Home is an equal opportunity employer and provides services to qualified individuals without regard to race, color, sex, age, national origin, religion, or disability.

If you need assistance to complete this application or during the interview process such as sign language interpreters, readers, or other accommodations, please contact the Administrator's office at this facility or utilize the TDD or hearing impaired relay system.

TO BE COMPLETED AT THE TIME OF THE INTERVIEW

I Acknowledge I have read and understand the essential job duties for the position for which I have applied.

Signature _____

Date _____