



Monroe City Manor Care Center

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 60 DAYS.

NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT

Date of Application _____ Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other _____
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Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Date of Birth: _____ Social Security: ____/____/____
=====

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 date: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you 18 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? _____ Expected salary: _____

Are you available to work: Full-Time Part-Time Temporary

Are you on lay-off and subject to recall? Yes No

Have you been convicted of a misdemeanor or felony charge within the last 7 years, including any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole? Yes No (Pursuant to Missouri Revised Statutes §660.317, all applicants are required to disclose their criminal history. Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

If yes, please explain: _____

Are you listed on the Department of Social Services' employee disqualification list? Yes No (Pursuant to Missouri Revised Statutes §660.317, all applicants are required to disclose their status on the employee disqualification list.)

Veteran of the U.S. Military Service? Yes No If Yes, Branch: _____

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, sex or national origin): _____
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Give name, address and telephone number of three references who are not related to you and are not previous employers. _____

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EDUCATION:

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

School Name	Elementary	High School	College/University	Graduate/Professional
Years completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	Name: Location: Length of Course: Was Course Completed: Subject: General:			

Honors received: _____
 Special skills and qualifications, including those acquired from employment or other experience: _____

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EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, disability, or national origin.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone: ()			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone: ()			
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

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	Starting	Final	
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application. _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date

Reference Request

Application Information and Release Authorization, *Completed By Applicant*

Applicant's Name: _____ Social Security # _____

Applicant's Address: _____ Position Applied For _____

I hereby authorize the release of the information requested below:

Applicant's Signature Date

Current/Former Employee's Name _____ Phone # _____

Employer's Address _____ Position _____

Dates of Employment _____ Supervisor _____

If No Longer Employed, Reason For Leaving _____

Current/Former Employee Information, *Completed By Current/Former Employee*

Did/Does The Individual Hold The Position Listed Above? Yes _____ No _____

Are The Above Employment Dates Correct? Yes _____ No _____

If "NO", Please List the Correct Dates:

If No Longer Employed, Is The "Reason For Leaving" Correct. Yes _____ No _____

If "NO", Please Explain:

If No Longer Employed And Based On Your Personnel Policies And Procedures, Is The Individual

Eligible For Rehire? Yes _____ No _____

Additional Comments:

Employer Representative's Signature

Position