Position Desired ______________________________ Date ____________________

APPLICATION FOR EMPLOYMENT

This facility is an equal opportunity employer and does not discriminate because of race, religion, color, age, sex, ancestry, national origin or disability.

PERSONAL

Last Name First Middle	Social Security # - -
Street Address	Home Telephone ( )
City, State, Zip	Business Telephone ( )
In case of emergency, whom should we notify?	Work Telephone ( ) Home Telephone ( )

GENERAL

Have you ever been in our employ? ☐ Yes ☐ No If yes: Month and Year __________ Location ______________________________
Have you ever been bonded? ☐ Yes ☐ No If yes: With what employers? ______________________________
Have you ever been convicted of a non-traffic related offense? ☐ Yes ☐ No If yes: Date of action ________ Nature of charge ______________________________
Do you drink alcoholic beverages? ☐ No ☐ Occasionally ☐ Habitually
Do you smoke? ☐ No ☐ Occasionally ☐ Habitually
Do you presently or have you in the past ever used a non-prescribed drug which was not sold over the counter? ☐ Yes ☐ No
Have you ever been excluded from participation in a government health care program, including Medicare and Medicaid? ☐ Yes ☐ No
Have you ever worked for a Medicalodges, New Horizons, Gran Villas, Community Care Connections, New Hope or Caring Hands Hospice before? ☐ Yes ☐ No If yes, which facility? ______________

SKILLS

Please list specialized work experience such as dietary, housekeeping, laundry, maintenance, administration, construction etc.
Have you ever worked in a long term care center before? ☐ Yes ☐ No If yes: Name of the facility:________________ City: ______________________
If you have a license or specialized training, check the appropriate box. ☐ R.N. ☐ L.P.N. ☐ Medication Aide ☐ C.N.A. ☐ Other State of current licensure or certification: ______________ Current license number: ______________________________

Medicalodges, Inc. - A 100% Employee-Owned Company

EDUCATION

Level	School Name	City and State	Did you Graduate?	Major
College			☐ Yes ☐ No	
Vocational			☐ Yes ☐ No	
High School or G.E.D.			☐ Yes ☐ No	
Other			☐ Yes ☐ No	

RECORD OF EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

CURRENT

Are you currently employed? ☐ Yes ☐ No If yes:	
Company Name	Telephone ( )
Address	Date Employed
Name of supervisor	Salary
Job title and description of responsibilities	

1

List former employers beginning with the most recent.	
Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of supervisor	Reason for leaving
Job title and description of responsibilities	

2

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of supervisor	Reason for leaving
Job title and description of responsibilities	

3		
	Company Name	Telephone ( )
	Address	Employed - (State month and year) From To
	Name of supervisor	Reason for leaving
	Job title and description of responsibilities	

4		
	Company Name	Telephone ( )
	Address	Employed - (State month and year) From To
	Name of supervisor	
	Job title and description of responsibilities	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) ________________ Reason ___________________________

____

REFERENCES

List three references who are not relatives		
Name	Address/Phone Number	Occupation

SCHEDULE

Are you willing to work any shift? ☐ Yes ☐ No

If not, what shift(s) are you willing to work? ☐ Day ☐ Evening ☐ Night

Are you willing to work weekends and/or holidays? ☐ Yes ☐ No

Do you realize it may be necessary for you to work on weekends, holidays or rotation shifts? ☐ Yes ☐ No

Please circle the days of the week you cannot work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

A reasonable effort will be made to accommodate the religious needs of employees within the limitations of scheduling requirements.

Where did you hear about the position for which you are applying?

☐ CareerBuilder.com ☐ Friend/family member ☐ Medicalodges' employee ☐ Medicalodges' web site

☐ Other web site (*please specify* ______________) ☐ Newspaper ad ☐ Radio ☐ Other ______________

AGREEMENT

As an employee, I hereby voluntarily consent and agree that the employer, by its designated agent, may search at any time all articles of personal property belonging to or worn by me or in my custody--including my locker, automobile or any other storage area which may be assigned to me.

I further agree to hold the employer and its designated agent harmless from any and all claims arising from any such search.

I understand that any false statements made as a part of this application will be considered sufficient cause for dismissal. I also grant permission for the authorities of the employer to investigate my references and release said facility from any and all liability resulting from such investigation.

I consent to any and all medical examinations required by the employer and any drug tests required by policies and procedures. I also agree to abide by any personnel policies and changes made hereto by management. Nothing contained herein, either express or implied, shall be interpreted as a contractual commitment for employment or continued employment. I further understand that if I am employed it will be on a probationary basis as set out in the personnel policies of the employer. Upon my termination, I authorize the release of reference information on my work.

I further understand that if employed by Medicalodges, Inc., I hereby authorize and permit the use of any photograph taken of me for the purposes of public relations, marketing and/or any other business purpose.

I also agree to notify my immediate supervisor if I am excluded from a government health care program, including Medicare and Medicaid.

If accepted for a position, I shall be an employee “at will” and may be terminated or may self-terminate for whatever reason provided, however, no termination shall be based upon race, religion, color, age, sex, ancestry, national origin or disability. I will comply with all rules and regulations of the employer.

I understand that Medicalodges, Inc., or affiliate company, may be required by law to do a background check for purposes of my employment with Medicalodges, Inc., or its affiliate. Until such information is received, I may be conditionally employed; and upon receipt of such information, should there be any negative or serious offense committed by me, I may be terminated immediately without notice. I further agree to cooperate in any background check or investigation done for purposes of my employment with Medicalodges, Inc., or its affiliate.

________________________ ________________________________
DATE SIGNATURE

DO NOT WRITE IN THE SPACE BELOW - FOR EMPLOYER’S USE ONLY

INTERVIEW

Dress:			Aggressiveness:		
Personality:			Ambitions:		
Remarks:					
Department	Position	Shift	Employee No.	Date Started	Rate of Pay (H/S)
Evaluation Date	Uniform Size	License or Registry Number			

Reference Check

Employer	Person Contacted	Results
1 (Current)		
2		
3		
4		

Signed: ________________________________ Date: ______________
DEPARTMENT HEAD OR ASSIGNEE