

EMPLOYMENT APPLICATION

Position(s) applying for _____
Date available: _____ Salary range: _____
Type of employment desired: Full-Time Part-Time Per Diem Internship
Available to work: Day Evening Night Weekend
Date _____

Please read the following statements carefully before you sign and complete this application.

Thompson House Nursing Home believes in the principles and practice of equal opportunity. Thompson House Nursing Home is an Equal Opportunity Employer and considers all qualified applicants and employees for hire, promotion, training, and all other employee action without regard to race, color, religion, age, national origin, ancestry, sex or sexual orientation, marital status, disability, citizenship, veteran status, or any other protected category under applicable federal, state or local laws.

I have read, understand and agree to this statement (please initial here) _____

I understand during my 3 month probationary period, if Thompson House Nursing Home decides to terminate my employment, I will be advised of the reasons, if any, for my termination. I will have the opportunity to explain my performance shortcomings or the actions that form the basis of the complaint prior to my termination. I further understand that Thompson House Nursing Home will consider my explanations and may: (1) retain me as an employee subject to additional conditions, or (2) reject my explanations and terminate my probationary employment. I further understand that this application and the policies, procedures, and benefits contained in any employee handbook or in any other written material disseminated by or for Thompson House Nursing Home do not constitute an employment contract between Thompson House Nursing Home and myself or imply the existence of any contractual or other rights. Such policies, procedures, and benefits contained therein may be changed or terminated from time to time by Thompson House Nursing Home at its sole discretion. These statements about the at-will nature of employment constitute the complete understanding between the company and its employees regarding this subject.

I have read, understand and agree to this statement (please initial here) _____

Thompson House Nursing Home, in considering my application for employment, may verify the information set forth on this application and obtain additional information related to my background. I expressly authorize Thompson House Nursing Home or its agents to check my employment references, personal references, schools, etc., to determine my suitability for employment. I authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background, and I release them from all liability for any damage for providing this information.

I have read, understand and agree to this statement (please initial here) _____

I certify that the information on this application is correct, true and complete. I understand that any misrepresentations or omission of any information may result in my disqualification from consideration for employment or, if employed, my dismissal. I agree that Thompson House Nursing Home shall not be liable in any respect if my application is disqualified or my employment terminated because of misrepresentations, omissions, or false statements or answers by me either verbally, in writing, or on this application.

I have read, understand and agree to this statement (please initial here) _____

I understand that any offer of employment at Thompson House Nursing Home is contingent upon passing a criminal background check and physical.

I have read, understand and agree to this statement (please initial here) _____

Personal Information

Name _____
(last) (first) (middle)
Address _____
City _____ State _____ Zip _____
Telephone # _____ Cell phone # _____ Email Address _____
Are you eligible for employment in the United States? Yes No

If you are under 18 years of age and it is required, can you furnish a work permit? Yes No

Referral Source Walk-in Advertisement Relative Employee other _____

Have you ever been employed here before? Yes No If yes give dates: from _____ to _____

Are you able to perform the duties of this position as outlined in the Job Description provided? Yes No

Have you ever been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person by a court of law: Yes No

Have you ever been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person by a State Survey and Certification agency? Yes No

Have you ever had a finding of guilty entered into any State Nurse Registry concerning the abuse, neglect or mistreatment of the property of any person? Yes No

Have you ever been convicted of a crime or sanctioned for violation of law relating to a Federally or State funded health care program or plan, including but not limited to the filing of a false or fraudulent claim for payment, the making of a prohibited referral, or the prohibited solicitation or receipt of remuneration for the making of a referral? Yes No

(If yes to any question, identify the activity for which you were sanctioned, and the date of the sanction, or the identity of the government agency that sanctioned you.) Please use a separate sheet of paper, if needed. All offers of employment are contingent upon successful completion of a background screening.

Education

	Names and Location of Schools Attended	Course of Study	#Years Attended	Did you Graduate?
High School				
College				
Post-Graduate College				
Tech/Business School				

Professional license, designations, etc. _____

Professional organizations _____

Specialized training or skills _____

Work Experience (Please list your work experience, including any periods of unemployment, for last five years. Begin with your most recent employer, ask for an additional sheet if more space is needed to complete your employment history.)

Company Name and Address	Phone	Dates	Salary	Job Title/ Supervisor	Reason for Leaving
		From To	Starting Final		
		From To	Starting Final		
		From To	Starting Final		

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

If you were employed under a maiden name or nickname or other name, what was the name? _____

References (List three persons, not related to you, whom you have known at least one year)

Name	Address and Phone	Work Phone	Relationship	Yrs. Known