APPLICATION FOR EMPLOYMENT CLOVERDALE MANOR

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, marital status, handicap, sex, national origin, age, mental or physical disability, veteran status, or any other reason prohibited by law.

This application is active for 60 days.

NAME:		PHONE #:				
(Last)	(First)		(MI)	11010		
OTHER NAMES	YOU'VE WORI	KED UN	IDER:			
CURRENT ADD	RESS:					
	(Street)			(City)	(State)	(Zip Code)
FORMER ADDRI	ESS:					
	(Street)			(City)	(State)	(Zip Code)
Are you at least 18	years of age?	YES	NO	(circle o	one answer pe	r question)
Are you a U.S. Cit (Proof of citizensh						NO
Do you have adequin on a short notice Review the job des qualifications and If you answered no	e? YES NO scription for the p have the ability t	position to perfor	for which m the esse	you are apply ntial job funct	ing. Do you m ions of this jo	eet the b? YES NO

Date you can begin work: _____ Preferred shift: _____

Will you work overtime whenever scheduled or requested?	YES	NO
Have you ever been employed by this facility?	YES	NO
Dates/Positions and Reason for Leaving:		
Special Skills/Training you possess and equipment you can opera	te:	
Long range occupational/educational goals:		
MILITARY SERVICE RECORD The hiring and re-employment of veterans will be conducted in ac and federal laws and regulations. Are you now a member of a Reserve or National Guard unit?		
Were you in the U.S. Armed Forces:	YES	NO
If yes, what branch?Type of Disc	harge?_	
Dates of Duty: From To List duties in the military or special training that prepared you for	the posi	ition you are seeking:
BACKGROUND INFORMATION In addition to these questions, this facility requires a background Have you ever been convicted or plead guilty to any criminal felo violations?	check pr ny offer	
Have you been released from confinement following a conviction offense?	for any YES	criminal felony NO
Are you presently charged with any felony violations of law other		affic violations? NO
If your response to any of the preceding three questions was 'YES nature of each such conviction or pending charge. The existence of charge will not necessarily preclude you from employment; the na relationship to the position applied for, the degree of rehabilitation elapsed since the crime or release from confinement will all be co	of a conv ature of n of the	viction or pending the crime and its applicant and the time

EDUCATIONAL BACKGROUND

High School	Graduation Date	Diploma Type
College	Graduation Date	Degree Earned
Nursing School	Graduation Date	License Obtained
Other		

EMPLOYMENT HISTORY

List all employers for whom you have worked during the last five years. Explain any lapses between times when employed. You may attach a resume, but must still completely fill in this section

Name/Address of	Dates	Position	Phone Number	Reason For
	Dates	1 OSITION		
Employer				Leaving

PROFESSIONAL LICENSES AND CERTIFICATIONS:

Туре	State	Date Issued	Exp. Date	Number

ACKNOWLEDGEMENT STATEMENT

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employer to release information pertaining to my work record, and work habits, and my work performance while in their employ.

In making application for employment, I understand that an Investigation report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I also understand that a criminal background investigation may be conducted.

I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a gratuitous statement of the nursing facility's current policies.

I understand that the nursing facility reserves the right to require its employee to submit to blood tests or urinalysis for alcohol or drug screen or to allow inspection of bags (including purses or briefcases) or parcels brought or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of employment.

I understand and agree that if I am offered employment by the nursing facility; my employment will be for no definite term. Either the nursing facility or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. This relationship can only be modified in writing and signed by an officer of the facility.

Signature of Applicant

Date

CLOVERDALE MANOR 412 Cloverdale Road Scottsboro, Alabama 35768 256-259-1505 Fax: 256-259-4279

A former employee of yours is applying at Cloverdale Manor and has given your name as a reference. Please take a moment to provide us with the information requested below and fax or mail this form back to us at your earliest convenience.

In reference to:

Date:

I hereby give permission to release my personal information to Cloverdale Manor.

Applicant Signature **Confidential Information** Date Started: Date Last Worked: **Overall Ratings:** Excellent Good Acceptable Unacceptable (Please circle your rating of the applicant) **Productivity Level:** Good Acceptable Excellent Unacceptable (Please circle your rating of the applicant) **Dependability:** Excellent Good Acceptable Unacceptable (Please circle your rating of the applicant) Attitude: Good Acceptable Unacceptable (Please circle your rating of the applicant) Excellent Would you rehire this person? YES NO Reason this person is no longer employed with you: Reference Supplied By: (Print your name please) Signature: Title:

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF CIVIL/CRIMINAL BACKGROUND, CONSUMER REPORTS AND EMPLOYMENT, EDUCATION AND BACKGROUND VERIFICATIONS

I, the undersigned applicant, do hereby authorize Cloverdale Manor, (hereinafter referred to as "Cloverdale"), and/or its agents, representative, employees or independent contractors, (herein referred to as "agents"), to procure or conduct a general investigation of my background.

This investigation and any reports resulting from it may include, but shall not be limited to, employment and educational verification; personal references; personal interviews; personal credit history based upon reports from credit bureaus; driving history; social security number verification; residence history; criminal histories/records and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose such information to Cloverdale and/or its agents, including, but not limited to, any court house, any governmental or public agency, any and all law enforcement agencies and any and all credit reporting bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Cloverdale and its agents from any and all liability, claims and/or demands, of whatever nature, to me, my heirs, representatives, assigns or others making such claim or demand on my behalf, arising from the procurement, selling, providing, brokering and/or assisting with the compilation or preparation of such investigative reports as are authorized hereby.

I acknowledge that this authorization shall become effective as of the date hereof and, if I am hired by Cloverdale, then it shall remain effective throughout the term of my employment with Cloverdale.

PRINTED NAME:				
First		Middle		Last
OTHER NAMES USED MAID	EN/ALIAS:			
	Fir	st	Middle	Last
CURRENT ADDRESS:				
Street and/or P.O. Box	City	State	Zip Code	Dates
FORMER ADDRESS:				
Street and/or P.O. Box	City	State	Zip Code	Dates
Social Security Number:			**Date of Birth_	
Driver's License Number:			Issued State:	
**Male/Female (circle one)		** Race B/W/H/Other (circle one)		ne)

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I hereby certify that the above information is true and correct I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion or employment.

Applicant Signature:_____

Date: