

WASHINGTON COUNTY NURSING HOME APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

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Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-related information.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time, Part-time, or Temporary employment?

Shift preferred: Days Evenings Nights Weekends Any

When could you start work? _____

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Last Name	First Name	Middle Name	Telephone Number
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Present Street Address	City	State	Zip Code
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Are you 18 years of age or older?.....YES NO
(If you are hired, you may be required to submit proof of age)

Social Security Number _____

If hired, can you furnish proof you are eligible to work in the U.S.?YES NO

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Have you ever applied here before? YES NO If yes, when? _____

Were you ever employed here? YES NO If yes, when? _____

Are you now or do you expect to be engaged in any other business or employment?.....YES NO

If yes, please explain _____

EDUCATION

List Name and Address of Schools

High School or GED: _____

Of Years Completed _____ Diploma Degree Certificate

College or University: _____

Of Years Completed _____ Diploma Degree Certificate

Subjects Studied: _____

Vocational or Technical: _____

Of Years Completed _____ Diploma Degree Certificate

Subjects Studied: _____

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SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

All Employees of Washington County Nursing Home are required to be able to lift a minimum of 55 pounds.

Are you able to lift at least 55 pounds?..... YES NO

For Driving Jobs Only: Do you have a valid drivers license?.....YES NO

Drivers License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years: YES NO

If yes, give details _____

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Employer _____ Supervisor _____
Address _____ Employed from (mo/yr) _____ to (mo/yr) _____
City, State, Zip Code _____ Pay start\$ _____ final\$ _____
Telephone _____ Title _____

DUTIES:

Reason for leaving: _____

Name of Employer _____ Supervisor _____
Address _____ Employed from (mo/yr) _____ to (mo/yr) _____
City, State, Zip Code _____ Pay start\$ _____ final\$ _____
Telephone _____ Title _____

DUTIES:

Reason for leaving: _____

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DUTIES:

Reason for leaving: _____

Name of Employer _____ Supervisor _____
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City, State, Zip Code _____ Pay start\$ _____ final\$ _____
Telephone _____ Title _____

DUTIES:

Reason for leaving: _____

REFERENCES

Have you worked or attended school under any other names?.....YES NO
If yes, give names: _____

Are you presently employed?YES NO
If yes, may we contact your present employer?.....YES NO

Have you ever been fired from a job or asked to resign?.....YES NO
If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

CRIMINAL AND TRAFFIC OFFENSE INFORMATION

Have you ever been charged with a crime? YES NO
Complete the following for each criminal conviction. Include all traffic citations, regardless of disposition. Use supplemental pages if necessary.

Offense:_____Misdemeanor:_____Felony:_____
Agency of occurrence:_____Date:_____
Disposition (paid fine, guilty, dismissed, not guilty, plead to charge, etc.):_____

Offense:_____Misdemeanor:_____Felony:_____
Agency of occurrence:_____Date:_____
Disposition (paid fine, guilty, dismissed, not guilty, plead to charge, etc.):_____

Have you ever been placed on court probation as an adult? Yes____ No____. If yes, please give details (include when, where, why).

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination and a background check. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and / or post employment drug screen as a condition of employment if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYEED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature_____Date:_____

This application for employment will remain active for limited time. Ask the organization representative for details.

**WASHINGTON COUNTY NURSING HOME
BACKGROUND INFO**

RESIDENCE INFORMATION
(PRINT LEGIBLY IN BLACK INK)

Full Name: _____ Date: _____

Former/Maiden/Other Names used: _____

Addresses for the last 5 years: if more is needed please attach another sheet

CITY	COUNTY	STATE	ZIP	mo/yr	mo/yr
_____	_____	_____	_____	from _____	to _____
_____	_____	_____	_____	from _____	to _____
_____	_____	_____	_____	from _____	to _____
_____	_____	_____	_____	from _____	to _____
_____	_____	_____	_____	from _____	to _____

Home Phone Number: _____ Social Security _____

Drivers' License Number: _____ DL State issued in: _____

Position for which you are applying: _____ D.O.B. _____

STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO RELEASE INFORMATION

STATE OF COLORADO)
WASHINGTON) ss COUNTY OF

being first duly sworn upon oath state as follows:

I am presently an applicant for employment with the Washington County Nursing Home, Akron, Colorado.

I fully understand that the Washington County Nursing Home conducts a background investigation of all applicants (using this application for its beginning point), who are being considered for a position with the Washington County Nursing Home. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, military, police, driving records and character. Records should include all investigations of my conduct in any regard (to include internal affairs or professional standards investigations). I hereby waive any and all rights that I may have to examine, review, or inspect any documents or information of whatever kind, form, or nature, obtained in the course of the background investigation.

I hereby authorize any person who is contacted by Washington County Nursing Home personnel to release any information to the Washington County Nursing Home pertaining to the background investigation including, but not limited to, records or information relating to my past employment performance, health, financial stability, schooling, military, police driving records and character for use by the Washington County Nursing Home in the consideration of my application for employment and for no other purpose.

I also understand that this application and any and all papers and other exhibits submitted by me or any person, government agency, former employer, private business, or any other individual or group of individuals become, upon submission to the *Washington County Nursing Home, the property of the County of Washington, State of Colorado, and can not and will not* be returned to me under any circumstances whatsoever and will not be disclosed to me, except as provided by Colorado Law.

I authorize the Washington County Nursing Home to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Washington County Nursing Home from any and all liability or claims which/ may have against that person arising out of the release of such information.

I further agree to release and hold harmless Washington County, its elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Washington County Nursing Home for use by the Washington County Nursing Home in the consideration of my application for employment and for such other purposes as may be related to any subsequent employment with Washington County, and the disclosure or release of any documents or information by the Washington County Nursing Home or agents thereof collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify hereby that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer or any fraud whatsoever, constitutes a basis for automatic rejection of this application, or if I am hired and fraud and/or deceit is subsequently discovered, such fraud and/or deceit will become grounds for my immediate dismissal from the Washington County Nursing Home.

Signature _____

Subscribed and sworn to before me this _____ day of _____ 20

Witness my hand and official seal, My commission expires _____

NOTARY PUBLIC _____