

| | |
|----------------------------------|----------------|
| *SUNDALE USE: INTERVIEWER | Initial |
| Driver's License | |
| S.S. Card | |
| 4-Square | |
| Attempt 2 Reference Checks | |
| BENEFITLESS FORM | |
| Waiver of Health Coverage | |

Sundale Nursing Home
800 G.D. Anderson Drive
Morgantown, WV 26505
(304) 599-0497

**APPLICATION
FOR EMPLOYMENT**

| | |
|--|-------------------------------|
| **SUNDALE USE/EMPLOYEE Health | Initial |
| Authorization to Release | |
| County Background Checks: | Sent: _____ Results: _____ |
| State Background Checks: | |
| States: _____ | |
| WV: Signed WV Form: _____ | |
| Receipt for WV Finger printing | |
| Abuse Registry Checks: States: | |
| Healthcare Academy 12 CEU Assigned / / | |
| Drug Screen Urinalysis | |
| Employee Health TB/HEP/PHY | |
| Professional Licensure Verification States | |
| CPR Card-Nurses | |
| IV Certification -Nurses | |

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____ Maiden: _____
Address: _____ County: _____
STREET ADDRESS CITY ZIP
Home Phone: _____ Business Phone: _____ Cell Phone: _____
S.S.#: _____ Date of Birth: ____/____/____

POSITION DESIRED: _____ SHIFT DESIRED: Day: _____ Afternoon: _____ Midnight: _____
Full Time: _____ Part Time: _____

DATE AVAILABLE: _____ SALARY DESIRED: _____

What prompted you to apply for employment? _____
Why do you choose nursing home work? _____

| | N/A | YES | NO |
|---|-----|-----|----|
| Please check yes, no, or N/A | | | |
| Are you under 18 years of age? | | | |
| If you are under 18, do you have a work permit? | | | |
| Are you a US Citizen? | | | |
| If you are not a U.S. Citizen, do you have the right to remain permanently and work in the U.S.? Alien Registration # _____ Working Visa # _____ | | | |
| Have you ever been convicted of a felony? If yes, please explain. | | | |
| *Please note that answering this question in the affirmation will not automatically disqualify you from consideration from employment. | | | |
| Are you fully capable of performing the work required in the job that you are seeking? If not, please explain: | | | |
| Are you able to meet the attendance requirements of the position? | | | |
| Are you able to work overtime if required? | | | |
| Have you ever applied at Sundale before? _____ When? | | | |
| Have you ever worked at Sundale before? _____ When? | | | |

EDUCATION/TRAINING

| School | Name and Address of School | Courses Taken | Did you Graduate? | Diploma, Degree, or Certificate |
|--------------------------|----------------------------|---------------|-------------------|---------------------------------|
| High School | | | | |
| College | | | | |
| Business/Trade/Technical | | | | |
| Other Training | | | | |

PROFESSIONAL LICENSES AND/OR CERTIFICATES

| Type | Organization or State Issued | Date Issued | License Number |
|------|------------------------------|-------------|----------------|
| | | | |
| | | | |

EMPLOYMENT HISTORY

List your last three employers, assignments, or volunteer activities, starting with the most recent, including military experience. Please make every effort to provide the correct information including phone numbers.

| | |
|---|---|
| Employer Name: | Dates Employed From: _____ to _____ |
| Employer Address: | Supervisor's Name: _____ |
| | May we contact your employer for a reference? (Please circle:) Yes or No |
| Employer Telephone Number: | Starting Pay Rate: \$ _____ |
| Job Title: | Final Pay Rate: \$ _____ |
| Summarize your Job Duties and Responsibilities: | Reason for Leaving: _____ |

*****SUNDALE'S USE ONLY***** **REFERENCE CHECK**

Verified Employment: Yes or No Source of Information: _____

Verified Dates of Employment: Yes or No Telephone Number of Source: _____

Eligible for Re-hire: Yes or No Person completing reference check: _____

Comments: _____

| | |
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Comments: _____

PLEASE READ BEFORE SIGNING

****Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.****

Employment applications are only valid for three months. Applicants desiring to be considered for employment beyond three months from the date of application, must re-apply. Otherwise, no consideration will be given to applications over three months old.

I understand that Sundale Nursing Home insists that all of its employees be able to perform the essential functions of their employment as well as possess the character, integrity and general reputation for honesty that Sundale Nursing Home would itself represent in its dealings with customers, suppliers and employees, among others. Accordingly, Sundale Nursing Home insists on complete honesty.

I, therefore, authorize Sundale Nursing Home to make whatever inquiries it deems appropriate to verify any information given in my application and/or determine my qualifications and ability to perform the job for which I am applying. I understand that my consideration for employment is contingent upon the results of this background/reference investigation, including verification of previous assignments, education, military and criminal/law records; authentication of the truth of all statements made in this application; personal and professional reference checks; including inquiries into my character, work performance, general reputation and work habits; and if necessary, to secure credit report, investigative and otherwise concerning my credit worthiness and other information permitted by state/federal law including but not limited to mandatory pre-employment drug testing. **I EXPRESSLY HEREBY GIVE MY CONSENT FOR ALL CONTACTED PERSONS TO PROVIDE INFORMATION CONCERNING THIS APPLICATION AND I RELEASE EACH SUCH PERSON FROM LIABILITY FOR PROVIDING INFORMATION TO SUNDALE NURSING HOME.**

I hereby certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this application in any detail, including misrepresentation or omission of facts, is grounds for disqualification from further consideration, or for dismissal from employment at a later date. Furthermore, I agree to conform to the rules and regulations of Sundale Nursing Home and I **UNDERSTAND THAT I AM APPLYING FOR A POSITION AS AN EMPLOYEE AT-WILL. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE FOR NO DEFINITE PERIOD OF TIME, THAT I WILL BE AN EMPLOYEE AT-WILL, THAT I WILL BE FREE TO LEAVE EMPLOYMENT WITH SUNDALE NURSING HOME AT ANY TIME AND FOR ANY REASON AND THAT SUNDALE NURSING HOME MAY TERMINATE MY EMPLOYMENT WITHOUT NOTICE. I UNDERSTAND THAT NOTHING IN ANY OF SUNDALE NURSING HOME'S WRITTEN POLICIES, HANDBOOKS OR OTHER DOCUMENTS SHOULD BE CONSTRUED AS CREATING A CONTRACT FOR EMPLOYMENT OR ANY CONTRACTUAL OBLIGATIONS ON THE PART OF SUNDALE NURSING HOME. FURTHERMORE, I UNDERSTAND THAT NO ONE AT SUNDALE NURSING HOME IS AUTHORIZED TO MAKE ANY CONTRACT RELATING TO MY EMPLOYMENT UNLESS THE CONTRACT IS SET FORTH IN WRITING AND IS SIGNED BY THE ADMINISTRATOR OF SUNDALE NURSING HOME.**

Signature of Applicant

Date