



# Application for Employment

## Personal Information

Name \_\_\_\_\_ S.S.N. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cellular/Other (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ ☐ Home ☐ Cellular/Other

Please provide your driver's license number, if driving is required for this job \_\_\_\_\_ State \_\_\_\_\_

If you are under 18 years old, can you provide a work permit, if required? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired) ☐ Yes ☐ No

Are you able to perform the "essential functions" of the job for which you are applying?

Note: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's essential functions to respond

Is this application a request for reemployment following an extended military leave of absence from our organization?

☐ Yes ☐ No If yes, additional information may be requested.

Have you ever been bonded? ☐ Yes ☐ No

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever plead "guilty" or "no contest" to, or been convicted of, a crime? ☐ Yes ☐ No

If yes, please provide date(s) and details: \_\_\_\_\_

## Position Information

Position applied for: \_\_\_\_\_ Expected pay: \_\_\_\_\_

Are you applying for: ☐ Full-time ☐ Part-time ☐ Relief or on-call

Shift(s) preferred: \_\_\_\_\_ Shifts you will accept: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you submitted an application here before? ☐ Yes ☐ No If yes, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here? ☐ Yes ☐ No If yes, please give date(s) and position(s): \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Will you travel, if required? ☐ Yes ☐ No

Will you work overtime, if required? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements for this position? ☐ Yes ☐ No

## Employment Experience

Place an X by any employer you do NOT want us to contact. List your most recent employer first.

☐ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Summarize type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you like least about the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Summarize type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you like least about the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Summarize type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What were the things you like least about the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain any gaps in your employment, other than those due to personal illness, injury or disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

Name of School and Address	# of years	Course/Major	Diploma/Degree

## Professional Licenses/Registrations, Certifications

Type of License or Certification	Professional License #	Expiration Date	State of Issue
		/ /	
		/ /	

Are there any current restrictions on your license, registration, or certification? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had any disciplinary action taken against your license, registration, or certification? ☐ Yes ☐ No

If yes, please explain— give date, location, and disposition of your case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Skills and Qualifications

Please list any skills, experience or qualifications which you feel would especially benefit you (i.e., specialty areas such as ICU, special equipment, typing speed, computer software programs, etc.) \_\_\_\_\_  
\_\_\_\_\_

Do you speak, read or write in any language other than English? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_ Would you be willing to serve as an interpreter? ☐ Yes ☐ No

## Professional Organizations

Please list job-related organizations, clubs, professional societies or other associations to which you belong. Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, mental or physical disabilities, veteran reserve national guard, or any other similarly protected status.

Organization	Office Held

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors already listed. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail Address	Years Known

## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If hired, I agree to conform to RHCC's rules and regulations, and I understand that these rules and/or the employee handbook do form a contract of employment either express or implied. I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

RHCC does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. RHCC likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, co-worker, subordinate, or non-employee (such as vendor or customer). RHCC takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Rosebud Health Care Center**  
**Release for Background/License Investigation**

Federal Regulation (42 CFR 483.13) prohibits nursing facilities from employing individuals who have been convicted of or are by a court of law the subject of a pending charge of abuse, neglect, or mistreating residents/patients in a health care related setting.

Therefore, in an effort to comply with Federal Regulations, please answer the following questions.

1. Have you ever been found guilty by a court of law or pleaded "no contest" to a felony or misdemeanor (other than a minor traffic offense)?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, please describe:

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2. Have you ever been found guilty by a court of law or pleaded "no contest" to charges of abuse, neglect, or mistreating resident/patients in a health care setting?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

3. Are you at the present time the subject of a pending charge of abuse, neglect, or mistreating a resident/patient in a health care setting?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Please initial that you have read, understand, and have answered the above questions truthfully. \_\_\_\_\_

I hereby authorize Rosebud Community Hospital, Inc. DBA Rosebud Health Care Center to run a background check to determine the validity of these statements. I understand, HireRight, a national consumer reporting agency will conduct the investigation to fulfill the requirements of the job. For employment purposes, this includes a National Criminal Search. I also understand HireRight may contact me personally.

Please fill in the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_