

Rose Linn Care Center

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and will consider all applicants for all positions equally. Our company is dedicated to a policy of nondiscrimination and will consider all applicants for all positions equally without regard to race, color, sex, sexual orientation, marital status, religion, veteran status, genetic information, age, citizenship status, or any disability as defined in the Americans with Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Any person needing reasonable accommodation in the application process should contact the Human Resource Manager.

APPLICANT INFORMATION			
Position Applying for:	Preferred Shift:		
Last Name:	First:	M.I.:	Date:
Present Address:	Apartment/Unit #		
City:	State:	ZIP :	
Phone:	Message Phone:		
Email Address:	Social Security Number:		
Emergency Contact Name:	Phone Number:		
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
If you are hired can you provide proof that you are authorized to work in the US?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you working a second job – moonlighting?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for this Company?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:		

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma:
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Please list any licenses or certificates that are job related:			
Licnese: _____			
Professional License #: (If Applicable) _____			

PREVIOUS EMPLOYMENT

Company: Supervisor:
Address: Phone: ()
Job Title:
Responsibilities:
From: To: Reason for Leaving:

Company: Supervisor:
Address: Phone: ()
Job Title:
Responsibilities:
From: To: Reason for Leaving:

Company: Supervisor:
Address: Phone: ()
Job Title:
Responsibilities:
From: To: Reason for Leaving:

Company: Supervisor:
Address: Phone: ()
Job Title:
Responsibilities:
From: To: Reason for Leaving:

If you worked in any of your previous positions under another name, please give that name(s): May we contact your current employer? YES NO
How many days of work or school have you missed in the last two years? Type of Discharge:
Have you ever been fired, or asked to resign from a job? YES NO If yes, explain:

MILITARY SERVICE

Branch: From: To:
Rank at Discharge: Type of Discharge:
Training, duties, or experience:

REFERENCES

Please list three personal references.

Full Name:

Relationship:

Phone: ()

Full Name:

Relationship:

Phone: ()

Full Name:

Relationship:

Phone: ()

DISCLAIMER AND SIGNATURE

I certify that my answers are true and without any consequential omissions of any kind. I understand that if I am employed, any false misleading or otherwise incorrect statements made on this application form or during any interviews will be cause for my immediate dismissal.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy, or any other reason because of their statements.

If employed by Rose Linn Care Center, I agree to comply with its rules and regulations. I understand that once employed by this facility I will be on a 90 day probation period. I further understand that if I am employed, this company also reserves the right to subject me to a drug and alcohol testing to the extent required or permitted by applicable law. I understand that if hired, I will be an "at will" employee and agree that the employment relationship can be terminated at any time and for any reason by me or this company.

Signature

Date

Rose Linn Care Center
2330 Debok Road
West Linn, OR 97068
EMPLOYER REFERENCE CHECK

Applicant's Name _____ Date _____

Company _____ Phone _____

Name/Title of Person Giving Information _____

The above named individual has applied for employment with Rose Linn Care Center. As part of his/her pre-employment evaluation he/she has authorized his/her former employers to release information regarding all aspects of his/her employment record. (See authorization below). He/she has specifically authorized release of information regarding certain questions. I would like to verify this information regarding certain questions. I would like to verify this information. Please complete the following and fax to Rose Linn Care Center Human Resources Director at 503-210-4149

1. Dates of Employment _____ Position _____

2. Quality of work
Excellent Above Average Satisfactory Below Average

3. Quantity of work
Excellent Above Average Satisfactory Below Average

4. How hard a worker?
Excellent Above Average Satisfactory Below Average

5. Attendance Record
Excellent Above Average Satisfactory Below Average

6. Relationship with Co-workers and Supervisors _____

7. Work Attitude/Ethic (cooperative, team player, etc.) _____

8. Safety record. Was this person accident-prone? Accommodation required? _____

9. Why did this person leave your employment? _____

10. Is this individual eligible for rehire? Yes No

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application may be contacted by the Company. These references are authorized to give Rose Linn Care Center any and all pertinent information they may have. I release all persons or entities involved, including the company, from all liability arising from this contact and provision of information.

Signature of employee

Date

EMPLOYER USE ONLY	
EMPLOYER REFERENCE VERIFICATION	
Company Name: _____	Phone#: _____
Contact Name: _____	
Any Incidents of abuse? _____	
Attendance: _____	
Comments: _____	

Eligible for Rehire: Yes ___ No ___	

EMPLOYER USE ONLY	
EMPLOYER REFERENCE VERIFICATION	
Company Name: _____	Phone#: _____
Contact Name: _____	
Any Incidents of abuse? _____	
Attendance: _____	
Comments: _____	

Eligible for Rehire: Yes ___ No ___	

Verified License	CNA	CMA	LPN	RN
In Good Standing?	Yes	No		
_____			_____	
Signature of person verifying references			Date	

EMPLOYER USE ONLY	
EMPLOYER PERSONAL REFERENCE VERIFICATION	
Name: _____	Phone#: _____
Comments: _____	

EMPLOYER USE ONLY	
EMPLOYER PERSONAL REFERENCE VERIFICATION	
Name: _____	Phone#: _____
Comments: _____	

EMPLOYER USE ONLY	
EMPLOYER PERSONAL REFERENCE VERIFICATION	
Name: _____	Phone#: _____
Comments: _____	

