

APPLICATION FOR EMPLOYMENT



"Caring For Those You Care About"

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____	Date of Application: _____
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
Last Name _____	First Name _____ Middle Name _____
Address _____	City _____ State _____ Zip _____
Telephone Number(s) _____	
Social Security Number _____	

Are you legally eligible to work in the United States? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

What other states have you worked in? _____

Are you 16 years of age or older? Yes No

Do you possess a valid Driver's License? Yes No

Are you available to work: full time Part time Eve Shift Dayshift Nightshift Fill in

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you have no work experience, list 2 references with people who know you that have supervising experience i.e. teacher, parent you babysat for.

Employer		Dates Employed	WORK PERFORMED
FULL Address		From To	
Telephone Number(s)		Hour Rate/Salary	
Job Title	Supervisor	Starting Final	
Reason for Leaving			

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Explain gaps in Employment History: _____

Additional Information:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

In answering the following questions: the fact that an arrest, conviction or adjudication occurred as a juvenile or through juvenile court authorities or has been previously been pardoned, expunged, dismissed or that your civil rights have been restored, does not mean that you can answer this question "NO".

1	Have you ever been arrested, charged, or convicted of a felony or charged with domestic abuse or any crime involving violence (You must answer yes if the felony arrest or felony charge resulted in a plea agreement, misdemeanor, nolo contendere, deferred imposition, or other action) within the past two years?	Yes	No	
2	Have you been investigated or are you presently being investigated by any other jurisdiction?	Yes	No	
3	Have you been terminated from a job due to conduct that may be grounds for disciplinary action?	Yes	No	
4	Have you, in the last two years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation?	Yes	No	
5	Have you, in the last two years, been diagnosed with or treated for a mental health or physical condition which has adversely affected your ability to safely assist in the practice of nursing?	Yes	No	
6	If you have a CNA or Nursing license: since you last renewed has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	Yes	No	N/A
7	If you have a CNA or Nursing license: since you last renewed, or if this is your first renewal, have you been denied registration or nursing licensure by any other jurisdiction?	Yes	No	N/A
8	If you answered "yes" to questions 6 & 7, have you submitted a detailed written explanation and any legal documents to the North Dakota Department of Health?	Yes	No	N/A

I understand and agree that:

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from employment.

It is my understanding that Marian Manor will make an investigation of my work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Marian Manor and I release from liability any person giving or receiving any such information. I understand that falsification of data so given other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal

I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for no definite period of time and that Marian Manor can change wages, benefits and conditions at any time.

I have read and understand the above.

Signature

Date

MARIAN MANOR HEALTHCARE CENTER
604 ASH AVE EAST
GLEN ULLIN, ND 58631
(701) 348-3107
APPLICATION REFERENCE

Marian Manor HealthCare Center Contact

Person Name/Title: _____

TO: _____

_____ has applied for the position of _____ with Marian Manor HealthCare Center and has given permission (see below) to contact you regarding his/her employment/personal reference with you/your organization. Complete frankness in response to the questions below would be appreciated.

Personal Reference:

Would you recommend the applicant for the position applied for? _____ Yes _____ No

Dependability: _____ Excellent _____ Good _____ Average _____ Fair

Please use other side for additional comments.

Signature: _____ Date: _____

Employment Reference:

The above applicant was employed from _____ to _____

Position: _____

Reason for Separation: _____

Would you re-employ? _____ Yes _____ No

Quality of Work: _____ Excellent _____ Good _____ Average _____ Fair

Ability to work with Others: _____ Excellent _____ Good _____ Average _____ Fair

Attendance/Punctuality: _____ Good _____ Fair _____ Poor

Personal Appearance: _____ Excellent _____ Good _____ Average _____ Fair

Dependability: _____ Excellent _____ Good _____ Average _____ Fair

Would you recommend the applicant for the position applied for? _____ Yes _____ No

Please use other side for additional comments.

Signature/Title: _____ Date: _____

***** APPLICANT PLEASE FILL OUT BOTTOM SECTION ONLY (BOTH PAGES)*****

REFERENCE INFORMATION WAIVER

I, _____, have applied to Marian Manor HealthCare Center for employment consideration. In order (Please Print Clearly) that they may better evaluate my qualifications, I wish that they be fully advised of my record with you.

I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____

Please return this reference via fax at (701) 348-3080 or the above address. Thank you.

MARIAN MANOR HEALTHCARE CENTER
604 ASH AVE EAST
GLEN ULLIN, ND 58631
(701) 348-3107
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Marian Manor HealthCare Center Contact

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