

# Pulaski Health Care Center

## **IMPORTANT**

### **Please read the following before completing the Employment Application.**

If you have been convicted of any of the following, you may not be eligible to work for Pulaski Health Care Center.

- I. A sex crime
  - a. Rape
  - b. Criminal deviate conduct
  - c. Child molesting
  - d. Child exploitation
  
- II. Exploitation of an endangered adult.
  
- III. Failure to report battery, neglect, or exploitation of an endangered adult.
  
- IV. Theft to include: (If occurred less than five (5) years before employment application date)
  - a. Theft
  - b. Receiving stolen property
  - c. Dealing in altered property
  - d. Auto theft
  - e. Receiving stolen auto parts
  - f. Criminal conversion
  - g. Failure to return an article borrowed from a library, gallery, a museum, a collection or an exhibition.
  - h. Vending machine vandalism
  
- V. Murder
  
- VI. Voluntary manslaughter
  
- VII. Involuntary manslaughter (within the previous 5 years)
  
- VIII. Felon Battery (within the previous 5 years)
  
- IX. A felony offense relating to controlled substances (within the previous 5 years)
  
- X. Has abused, neglected, or mistreated a patient or misappropriated a patient's property; and had a finding entered into the state nurse aide registry.

# Pulaski Health Care Center

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

(Please print clearly)

Last	First	Middle	Social Security #
Address	City	State	Zip
Phone #	Length of time at this address:	Position applying for:	

**Email Address:**

Are you legally eligible for employment in this Country?    YES  
 (A U.S. citizen or alien authorized to work in the U.S.)    NO

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Have you ever been convicted of a crime?    YES  
 (Including felonies and misdemeanors)    NO

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Are any of your relatives employed by this company?    YES  
 If yes, please list names and relationship.    NO

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Do you have any restrictions that would not allow you to perform  
 the essential functions of the job for which you are applying?    YES    NO

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Are you on a layoff and subject to recall?    YES    NO

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Are you at least 18 years of age?    YES    NO

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Have you ever been discharged/requested to resign?    YES    NO

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Are you currently using or consuming illegal drugs or controlled substances or  
 alcoholic beverages that would impair your ability to work?    YES    NO

Work History



**Please provide current phone numbers for past employers:**

Name and Address of Company and Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								
Name and Address of Company and Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								
Name and Address of Company and Type of Business	From		To		Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Phone								

# Pulaski Health Care Center

## APPLICATION FOR EMPLOYMENT

**Please provide three (3) professional references (including last names) with telephone numbers: (Can NOT be a family member ie: father, mother, brother, sister, uncle, aunt, grandparent, step parents, etc.)**

Reference #1:	Reference #2:	Reference #3:
Phone #:	Phone #:	Phone #:

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	List Diploma or Degree

**Did someone refer you for this position? If so, Who** \_\_\_\_\_

### **License/ Certification / Registration**

Type \_\_\_\_\_ Lic./Cert./Reg. No. \_\_\_\_\_ State \_\_\_\_\_ Expiration date: \_\_\_\_\_

Type \_\_\_\_\_ Lic./Cert./Reg. No. \_\_\_\_\_ State \_\_\_\_\_ Expiration date: \_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_ Last TB/CXR Date \_\_\_\_\_

### **DRUG TESTING WILL BE DONE UPON EMPLOYMENT AND AT RANDOM DURING EMPLOYMENT**

Date Available to begin work: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Schedule: Full Time Part Time Mon, Tue, Wed, Thu, Fri, Sat, Sun  
Shift: Day Evening Nights

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons such as schools, my current employer (if applicable) and previous employers and other organizations to provide this facility with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility had the same right. I understand that no one has the authority to enter into any agreement contrary to the proceeding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

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

**Disclosure & Release of Information  
Authorization Investigation Consumer Report**

As an applicant for employment or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize Pulaski Health Care Center to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. This information may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, worker's compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that an Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interview regarding my character, general reputation, personal characteristics, and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation, as well as a written summary of my rights under FCRA. If requested, the consumer reporting agency will explain the contents of my file.

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original: and that if employed by Pulaski Health Care Center, this authorization will remain in effect throughout such employment.

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

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex: M F

Date of Birth (for identification purposes only) \_\_\_\_\_

Please indicate all addresses for last five (5) years. (Use additional paper if necessary)

Current Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Previous Street Address, C/S/Z (1) \_\_\_\_\_

Previous Street Address, C/S/Z (2) \_\_\_\_\_

Driver's License (If applicable) \_\_\_\_\_ State \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

**➤➤➤ ONLY SIGNATURE AND DATE REQUIRED FOR THIS PAGE! ⚡⚡⚡**

Applicant's Name:
SSN:
Previous Employer:
Contact:
Title:

Date:
Position Applied For:
Phone#
Fax#

In what manner are you acquainted with the applicant?

What was the applicant's job title?

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

The applicant's job responsibility/COMMENTS:

	Below Average	Average	Above Average	No Information
Ability to work with others				
Character, Integrity, etc.				
General Appearance				
Attendance				
Dependability				
Quality of Work				
Quantity of Work				

Reference check release form:

I am seeking employment with Pulaski Health Care Center and hereby give my consent to you to release information and release you from any claim of actions I may have against you to the extent that such information furnished to Pulaski Health Care Center is an accurate reflection of my work record. All information will be confidential and used solely for the purpose of determining suitability for employment.



Applicant's Signature	Date
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**DO NOT WRITE BELOW THIS LINE**

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Person Completing this form & Title \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
Fax: 574-946-4923

Person Requesting information & Title

*If faxing document, please return within 3 days. Thank You!!*

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SSN:
Previous Employer:
Contact:
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Date:
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Person Completing this form & Title \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
Fax: 574-946-4923

*Person Requesting information & Title*

*If faxing document, please return within 3 days. Thank You!!*