



# JOB APPLICATION ALL POSITIONS

## APPLICATION FOR EMPLOYMENT

Elmbrook Management Company provides equal employment opportunities without regard to race, color, religion, sex, national origin, age, veteran status, or disability or any other reason protected by law.

## INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application.

PLEASE PRINT, except for signature on back of application.

Job(s) applied for: \_\_\_\_\_ Today's date: \_\_\_\_\_

First Choice (job) \_\_\_\_\_ Second Choice (job) \_\_\_\_\_ Salary Required \_\_\_\_\_

Mark the following boxes applicable to the position for which you are applying:

<b>Work Hours/Shift</b> Full time preferred? Yes _____ No _____	<b>Part time:</b> Yes _____ No _____	<b>Days:</b> Yes _____ No _____	<b>Evenings:</b> Yes _____ No _____	<b>Nights:</b> Yes _____ No _____	<b>Weekend:</b> Yes _____ No _____
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When can you start work? \_\_\_\_\_

How did you learn of this job opening? (Check one.) Employee Referral \_\_\_\_\_ Newspaper \_\_\_\_\_  
 Walk-In \_\_\_\_\_ Job Service \_\_\_\_\_ College/Trade School \_\_\_\_\_ Other (Explain) \_\_\_\_\_

## PERSONAL DATA

\_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Telephone Number

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

Social Security Number \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

After your employment, can submit verification of your legal right to work in the United States? Yes \_\_\_ No \_\_\_

## GENERAL DATA

Have you ever been employed by an Elmbrook facility? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and at what facility? \_\_\_\_\_

Have you ever applied at an Elmbrook facility? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and at what facility? \_\_\_\_\_



**STATEMENT OF FELONY OR MISDEMEANOR CONVICTION**

I understand, effective October 1, 1990, it is against Oklahoma State Law to be employed in a nursing center if I have been convicted of a felony.

Have you ever been convicted of a crime involving the abuse, neglect or mistreatment of an individual or any other felony or misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you from employment. Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list on separate paper the felony or misdemeanor in detail, including dates of arrest, etc.)

Are you able to carry out the duties as described in the job description? Yes \_\_\_\_\_ No \_\_\_\_\_

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**EDUCATION**

Highest grade completed: \_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

High school attended or date GED completed? \_\_\_\_\_

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

College or University: \_\_\_\_\_

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

College major: \_\_\_\_\_ Degree: \_\_\_\_\_

**ADDITIONAL TRAINING**

Courses taken: \_\_\_\_\_ Dates completed? \_\_\_\_\_

School: \_\_\_\_\_

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

School: \_\_\_\_\_

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

School: \_\_\_\_\_

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

**LICENSE INFORMATION**

C.N.A. Certification/State Approved: \_\_\_\_\_ State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

C.M.A. Certification/State Approved: \_\_\_\_\_ State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

L.P.N. License Number: \_\_\_\_\_ State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_



R.N. License Number: \_\_\_\_\_  
 State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Administrator License Number: \_\_\_\_\_  
 State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Other License or Cert. # \_\_\_\_\_ State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Other License or Cert. # \_\_\_\_\_ State: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

### WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and ANY PERIOD OF UNEMPLOYMENT. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Dates of employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
 Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Explain any gap in employment.

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Dates of employment: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
 Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Duties: \_\_\_\_\_

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 Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Duties: \_\_\_\_\_

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 Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_



Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain any gap in employment.

Name of most recent employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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 Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_

Explain any gap in employment.

Is there any additional information that would help us to check your work records? This will include change of name, use of assumed name, nickname or maiden name. Please note that all information of this nature must be supplied for our records. If so, list: \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been fired from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

Please give three references, not relatives or former employers.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AGREEMENT**

**I certify that the statements made on this application are correct and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.**

**I authorize this facility to conduct a reference check which includes former employers, law enforcement agencies, and licensing agencies so that a hiring decision may be made. I understand that employment is conditioned upon positive responses from my references. Former employers named on this application are authorized to give information about me and I release them from all liability for giving such information.**

**I have read and understand the requirements of the job description(s) for which I am applying. I understand that, if employed, my status is that of an employee at will. I am free to terminate my employment at any time and I have no contractual right, express or implied, to remain in the employ of this facility.**



I also understand that my employment is pending the result of this records check. Employees are hired as temporary until the results are received. When records with felony charges are received, employment will be terminated immediately.

Finally, I understand that all company property must be returned and any indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final pay check(s) all money due and owing to the company.

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

**COMPANY USE ONLY**  
**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ For (position) \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Date employed: \_\_\_\_\_ Position/Department: \_\_\_\_\_ Starting pay rate: \_\_\_\_\_

This employer is subject to Section 503 and 504 of the Rehabilitation Act of 1973. If you are disabled, a disabled veteran or veteran of the Vietnam War and would like to be considered under our Affirmative Action program please tell us. Information is voluntary and will be kept in confidence.