

LEAKESVILLE REHABILITATION & NURSING CENTER
“A Tobacco Free Campus”

Thank you for your interest in employment with Leakesville Rehabilitation & Nursing Center. Leakesville Rehabilitation & Nursing Center believes in equal employment for everyone, and is therefore committed to providing a discrimination free workplace for all applicants and employees. We prohibit discrimination and pledge our full support to equal employment opportunity for all people, regardless of race, color, religion, gender, age, national origin or disability. Leakesville Rehabilitation & Nursing Center (hereafter called the “Applicant”) hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88:352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45CFR Part 80, 84, 91) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and Regulation, no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal assistance from the department; and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

Instructions

You must complete your own application. Please print all information, except for signature at end, and answer all questions accurately. If you need additional space to answer a question fully, you may attach extra sheets. Each sheet must be full size and marked with your name and date of application. We regretfully cannot respond to all applications due to the large volume we receive. Your application will remain active for 60 calendar days from the date submitted. If you have not heard from us by that time, you may submit a new application. We will be happy to assist or accommodate you in completing your application and/or the application process.

Position Applied For: _____ Date: _____

PERSONAL INFORMATION

_____/_____/_____/_____ SS# ____/____/_____
Last Name First Name MI

Current Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Other _____

Who referred you to Leakesville Rehabilitation & Nursing Center? _____ Newspaper Ad
_____ Employment Agency _____ School _____ State Employment Service
_____ Friend/Employee _____ On your own _____ Other If other, please explain



Application for Employment

Are you at least 18 years old? _____ Yes _____ No

Is anyone related to you employed by Leakesville Rehabilitation & Nursing Center?

Yes _____ No _____

If yes, please give their name and relationship to you. _____

Are you legally employable in the U.S. at the present time? _____ Yes _____ No

(Proof of citizenship or immigration status will be required upon employment)

Convictions include both felonies and misdemeanors. A conviction will not automatically bar you from employment. All circumstances will be considered. Falsification of application, however, is grounds for termination if you are hired

Have you ever been convicted of a crime? _____ Yes _____ No. If so, when, where and what was the disposition of the case?

Have you ever applied to this company for a job before? _____ Yes _____ No

Have you ever applied for employment at Hotel Reed before? _____ Yes _____ No

Have you ever applied for employment at Quest Rehab before? _____ Yes _____ No

If yes, please explain. _____

Have you ever worked for this company before? _____ Yes _____ No

Have you ever worked for Hotel Reed before? _____ Yes _____ No

Have you ever worked for Quest Rehab before? _____ Yes _____ No

Have you ever worked for Stone County Hospital before? _____ Yes _____ No

Have you ever worked for Stone County Nursing & Rehabilitation Center before? _____ Yes _____ No

Have you ever worked for Woodland Village Nursing Center before? _____ Yes _____ No

Do you use tobacco products? _____ Yes _____ No

If so, what kind of tobacco products do you use? _____

POSITION DESIRED:

Full Time _____ Part Time _____

Wage or Salary desired \$ _____ per _____ Date you can start work: _____

I can work the following shifts: () day () evenings () nights () weekends

EDUCATION

Circle the highest level **completed** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 masters PhD

High school attended _____ Location _____

Did you () graduate or () GED

College or other schools attended _____ Location (city/state) _____ Did you _____ Degree _____ Major _____

Graduate?

() yes () no

Application for Employment

Are you still in school? _____ Yes _____ No
If yes, where? _____

How many courses are you currently taking? _____

What are your special skills? (Related to the job for which you are applying)

Licensure/Certification related to the job for which you are applying.

Type	State Issued	Number	Original Date Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

List three individuals (**relatives excluded**) who can attest to your character and work capabilities:

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

List all of your previous employment beginning with your current or most recent job. Account for all your time including periods of unemployment. If you have been self-employed, provide details such as the name of your firm, location, and why your business was discontinued. If you have no previous work experience, write "none". Attach additional sheets if more space is needed.

Employer _____ Type of Business _____
Address _____ Phone Number _____
Date Started _____ Date Left _____ Name Used _____
Final Rate of Pay _____ () full-time () part-time () PRN Supervisor's Name _____
Your Job Title _____ Reason for Leaving _____
Your Duties _____
May we contact this employer? _____ Yes _____ No



Application for Employment



Employer _____ Type of Business _____

Address _____ Phone Number _____

Date Started _____ Date Left _____ Name Used _____

Final Rate of Pay _____ () full-time () part-time () PRN Supervisor's Name _____

Your Job Title _____ Reason for Leaving _____

Your Duties _____

May we contact this employer? _____ Yes _____ No

Employer _____ Type of Business _____

Address _____ Phone Number _____

Date Started _____ Date Left _____ Name Used _____

Final Rate of Pay _____ () full-time () part-time () PRN Supervisor's Name _____

Your Job Title _____ Reason for Leaving _____

Your Duties _____

May we contact this employer? _____ Yes _____ No

Employer _____ Type of Business _____

Address _____ Phone Number _____

Date Started _____ Date Left _____ Name Used _____

Final Rate of Pay _____ () full-time () part-time () PRN Supervisor's Name _____

Your Job Title _____ Reason for Leaving _____

Your Duties _____

May we contact this employer? _____ Yes _____ No

Explain any periods of unemployment:

Acknowledgement and Agreement by Applicant

Before signing this application form, you are encouraged to ask for assistance if you have any questions or do not understand any part of this application form.

In exchange for Leakesville Rehabilitation & Nursing Center's consideration of this employment application:

I promise that all information I have supplied in this application and any other forms, oral or written is true and accurate. I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without notice or recourse, whenever and however discovered. I make this promise and agreement because I understand that Leakesville Rehabilitation & Nursing Center will rely on my statements in deciding whether to hire me.

I hereby authorize Leakesville Rehabilitation & Nursing Center and any agent acting on its behalf to conduct any investigation it deems appropriate and hereby authorize and request former employers, personal references, schools, and law enforcement agencies to release any information that may be sought in connection with this application. In addition, I release, acquit, and agree to hold harmless from any and all resulting liability, and covenant not to sue any former employer or other person or entities providing information sought in connection with this application. A copy of this agreement shall be deemed to serve the same purposes as the original.

I agree to submit to a pre-employment TB skin test or chest x-ray/drug screen to be conducted by a representative of Leakesville Rehabilitation & Nursing Center. I agree that if I am offered employment, the offer will be contingent upon the results of the aforementioned TB skin test or chest x-ray/drug screen, replies from former employers and personal references, and the satisfactory completion of a three month probationary period. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I agree to submit to such **future** drug screens after an accident, testing done on a random basis and if probable cause indicates that such testing is necessary. I understand that unsatisfactory results could result in employment termination without any obligation or liability to me other than payment of earnings at the rate agreed upon through the last day of employment. I further agree to the search of myself or personal property on the facility's premises or while conducting business elsewhere.

If, in the judgment of Leakesville Rehabilitation & Nursing Center, misrepresentation by false statement, omission, or inaccuracy has been made by me in this application, or the results of such investigations as Leakesville Rehabilitation & Nursing Center may conduct are not satisfactory, any offer of employment made by Leakesville Rehabilitation & Nursing Center may be withdrawn or any employment terminated without any obligation or liability to me other than payment of earnings at the rate agreed upon through the last day of employment. I further agree to the search of myself or personal property on the facility's premises or while conducting business elsewhere.

Application for Employment



If employed, I agree to acquaint myself with and abide by all rules, regulations, and employee relations policies as established or amended by this facility. I further agree that any employment resulting from this application may be terminated at any time, for any reason, with or without cause or notice, and without liability to me for wages, salary, or other benefits except such wages specifically earned at the time and date of such termination, I understand that my completion of this application does not mean a job opening exists and in no way obligates Leakesville Rehabilitation & Nursing Center to interview or employ me.

If employed, I accept the principle that the well being of the facility and the people who reside there depends upon the conduct and concern of the members of the staff and upon the trust and confidence of the public. I know that the residents rightly expect honesty, security and confidentiality in their affairs. I therefore agree to the following:

- 1. To give no unauthorized information about the facility or its relations with others and to discuss no matters of a confidential nature relating to the facility or company's affairs unless such discussion is in the necessary course of business and is in accordance with company policy.**
- 2. To inform my supervisor immediately of any fraud, false entry, substantial error, employee misconduct, which I discover or know to have taken place in any records, property or care giving behavior and to report any transaction or matter that does not seem to be in the best interest of the residents of the facility.**

I hereby authorize Leakesville Rehabilitation & Nursing Center to release to other prospective employers any information regarding my employment with the facility including information set forth in this application or obtained by the facility from sources named by me herein, whether or not this information is in the facility's records. I hereby release, acquit, and agree to hold harmless from any and all resulting liability, and covenant not to sue Leakesville Rehabilitation & Nursing Center in connection with releasing such information.

I have read and understand the foregoing statement of agreement and accept the terms stated therein. I understand that this application will be given active consideration for only sixty (60) calendar days. If I am not called for an interview or employed during this period, I also understand that it will be necessary for me to file a new application form to be eligible for further consideration by Leakesville Rehabilitation & Nursing Center.

Date: _____ Signature: _____

**LEAKESVILLE REHABILITATION & NURSING CENTER
EMPLOYEE REFERENCE**

I hereby authorize my former employer to release information pertaining to my employment there.

Signature: _____ **Print Name:** _____

Date: _____ Contact Person: _____

Company Name: _____ Dates of Employment _____ to _____

Performance Record:

Cooperation with Co-workers: Yes No

Personality: Good Fair Poor

Dependable: Yes No Appearance: Good Fair Poor

Reason for Leaving? _____

Would you rehire? Yes No If no, explain why _____

Comments: _____

Date: _____ Contact Person: _____

Company Name: _____ Dates of Employment _____ to _____

Performance Record:

Cooperation with Co-workers: Yes No

Personality: Good Fair Poor

Dependable: Yes No Appearance: Good Fair Poor

Reason for Leaving? _____

Would you rehire? Yes No If no, explain why _____

Comments: _____

License verification with _____

The employee is in good standing? Yes No

License/Certification expires _____ Comments _____

Completed by: _____