

The Laurenwood Nursing & Rehabilitation is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, age, physical or mental disability, or any other characteristic protected by law.

Application For Employment

(PLEASE TYPE OR PRINT ALL INFORMATION)

Date of Application _____

Position(s) Applied For _____

Name _____

Last

First

Middle

Present Address _____

Street Address

City

State

Zip Code

How long have you lived at your present address? _____

Home Telephone: _____

Other Telephone: _____

Date of Birth _____

Social Security Number: _____

If employed and you are under 18,

Can you furnish a work permit?

YES NO

Have you ever filed an application here before?

YES NO If yes, give date(s) _____

Have you ever been employed here before?

YES NO If yes, give date(s) _____

Are you employed now?

YES NO

If yes, may we contact your present employer?

YES NO

If no, are you on layoff and subject to recall?

YES NO

If hired, can you present evidence of your identity and

Eligible to work in the united States?

YES NO

If yes, are there any restrictions on your eligibility to

Work in the United States?

YES NO

On what date are you available for work? _____

Are you available to work:

Full Time

Shift Work

Part Time

Temporary

Are you available to work whatever schedule is

Necessary to meet the needs of our residents?

YES NO

If no, list days you would be available to work? _____

Can you perform the essential functions of the position for the

Job you desire with or without reasonable accommodation?

YES NO

Have you ever been convicted of a felony?

YES NO

If yes, state the nature of the crime(s), when and where you were convicted, and the disposition of the case:

(Note: Conviction of a crime will not be an absolute bar to employment. Information regarding conviction record will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the offense, rehabilitation, relationship of the offense to employment, and federal and state statutory requirements.)

Educational Background

	Elementary	High	College/Univ.	Graduate/Prof.
School Name				
Year completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course of study				

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

Honors Received:

Employment Experience

1	Name of Employer	Telephone Number
	Address	Employed (mm/yy) From To
	Type of Business	Salary /Wages Start Last
	Job Title and Nature of Work	Name of Supervisor
		Reason for Leaving
2	Name of Employer	Telephone Number
	Address	Employed (mm/yy) From To
	Type of Business	Salary /Wages Start Last
	Job Title and Nature to Work	Name to Supervisor
		Reason for Leaving
3	Name of Employer	Telephone Number
	Address	Employed (mm/yy) From To
	Type of Business	Salary /Wages Start Last

	Job Title and Nature of Work	Name of Supervisor
		Reason for Leaving
4	Name of Employer	Telephone Number
	Address	Employed (mm/yy)
	Type of Business	Salary/Wages
		Start Last
	Job Title and Nature of Work	Name of Supervisor
		Reason for Leaving

Unemployment

List below any gaps in employment of one month or more, other than school and military service.

From (mm/yy)	To (mm/yy)	Reason

Special Skills and Qualifications

Summarize any special training, skills, and qualifications acquired from employment or other experience. _____

Personal References

	Name and Occupation	Address	Phone Number
(1)			
(2)			
(3)			

Signature—Read and Initial Before Signing

_____ I Certify that all of my statements and information I have given in this application are true, complete and correct. I also understand that any misrepresentation, falsification, omission, or misleading statement in this application (and accompanying resume, if any) is grounds for rejection of my application , or for my immediate discharge if I am employed, regardless of the time elapsed before discovery of the statement.

_____ I agree to immediately notify The Laurenwood if I am convicted of a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment if hired.

_____ In order to assist The Laurenwood in conducting a nurse aide and misconduct registry check, background check, I authorize the Company to investigate my employment history, educational background, criminal history, personal references, credit record, and driving record. I further authorize any present or former employer, educational institution, personal reference, public agency, or other person or entities contacted by the Company to disclose to it upon request any information they may have about me. I release any such persons or entities from any and all liabilities for disclosing such information to the company.

_____ I understand that nothing contained in this application is intended to create an employment contract between me and The Laurenwood. In addition, I understand and agree that if I am employed, my employed will be "at will," terminable by me or the Company for any reason, at any time, with or without notice. No promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the President of the Company.

_____ The Laurenwood is a drug-free workplace. All offers of employment made to job applicants, including those considered for rehire, are contingent upon the applicant's successful completion of a drug test. Applicants with positive test results for prohibited drug use will be informed of their test results and will be ineligible for employment.

_____ This application will be kept on file for 30 days. If I have not heard from the Company and still wish to be considered for employment after that time has passed, I must complete a new application.

Applicant's Signature

Date

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

FOR OFFICE USE ONLY

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

EMPLOYMENT VERIFICATIONS

OFFICE USE ONLY

Employee Name: _____ Social Security: _____

1. Dates of Employment

From _____ To _____

Comments _____

2. Dates of Employment

From _____ To _____

Comments _____

3. Dates of Employment

From _____ To _____

Comments _____

4. Dates of Employment

From _____ To _____

Comments _____

Verified by _____ Date _____