

CORNERSTONE NURSING & REHAB. CENTER, INC.

Application for Employment

Please Read the Following Statement Before Completing this Employment Application

Cornerstone Nursing & Rehab Center, Inc. is an Equal Opportunity Employer. We consider Applicants of all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, status with regard to public assistance, or any other legally protected status.

All offers of employment shall be considered conditional based upon the following conditions: Accurate completion of this and all employment forms; Negative results of a tuberculin test; Listed on the Minnesota Nursing Assistant Registry, if applicable; Completion of release(s) of information for criminal background checks, reference checks and if applicable, driving record; and Legally eligible for employment in the United States of America.

PLEASE PRINT ALL RESPONSES

Today's Date _____ Social Security # _____ - _____ - _____

Name _____

Phone-Home _____ Last _____ Cell _____ First _____ Middle _____ E-mail address _____

Previous Names or Aliases _____

Present Address _____

Previous Address (if less than a year ago) _____

Position(s) applying for _____ Pay expected _____

Shift preferred (circle choice) 1 2 3

Do you prefer full or part-time work, please indicate? _____

Have you ever applied for employment with us before? Yes No If yes, give date(s) _____

Have you ever been employed with us before? Yes No If yes, give date(s) & position: _____

Are you legally eligible for employment in the United States? Yes No If yes, proof is required.

Are you of legal age to work in the United States? Yes No

Are you a: (Circle one) R.N. L.P.N Nursing Assistant Give you RN/LPN License # _____

Do you have any special training or skills related to the position(s) applied for, if so, indicate in the space below

Professional or Civic organization membership (Exclude any which may disclose a protected class).

Please write a few sentences telling us why you have chosen to work in health care. _____

EDUCATIONAL BACKGROUND

| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DID YOU GRADUATE? | |
|-------------------------------|--------------------------------|--------------------|--------------------|----------------------|----|
| Grammar School | | | | Yes | No |
| High School | | | | Yes | No |
| College Graduate School | | | | Yes | No |
| Business/ Technical | | | | Yes | No |

EMPLOYMENT EXPERIENCE

List below, present and past employment, beginning with the most recent

1. Company Name _____ Phone _____
Address _____ Job Title _____
_____ Type of Business _____
Supervisor _____ Dates of employment: From _____ to _____
Hourly pay rate: Starting _____ Final _____
Describe the work you performed _____
State reason for leaving _____

2. Company Name _____ Phone _____
Address _____ Job Title _____
_____ Type of Business _____
Supervisor _____ Dates of employment: From _____ to _____
Hourly pay rate: Starting _____ Final _____
Describe the work you performed _____
State reason for leaving _____

3. Company Name _____ Phone _____
Address _____ Job Title _____
_____ Type of Business _____
Supervisor _____ Dates of employment: From _____ to _____
Hourly pay rate: Starting _____ Final _____
Describe the work you performed _____
State reason for leaving _____

4. Company Name _____ Phone _____
Address _____ Job Title _____
_____ Type of Business _____
Supervisor _____ Dates of employment: From _____ to _____
Hourly pay rate: Starting _____ Final _____
Describe the work you performed _____
State reason for leaving _____

Please explain any intervals between employment dates of three (3) months or longer.

PLEASE READ CAREFULLY AND SIGN BELOW

I certify, that to the best of my knowledge, the facts contained on my application are true and correct, without substantial omissions. I understand that if I am chosen for employment, any false information on this application may result in immediate discharge. I further understand this application is not and is not intended to be a contract of employment, nor does this application obligate Cornerstone Nursing & Rehab Center in any way, if they decide to employ me. I understand and agree that any employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an Officer of Cornerstone Nursing & Rehab. Center has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing and signed by an Officer of the corporation.

I further understand that Cornerstone Nursing & Rehab Center is an equal opportunity employer.

I agree to submit to a Mantoux test, or chest x-ray, if a previous mantoux test has been positive, in compliance with the State of Minnesota, Department of Health Regulation 4655.3000, subparts 1-4.

I further understand, that if I am employed by Cornerstone Nursing & Rehab Center, and upon completion of that employer/employee relationship, my signature below gives Cornerstone Nursing & Rehab Center the permission to release information related to my employment, including, but not limited to: dates of employment, wages, and positions held. I hereby release Cornerstone Nursing & Rehab Center, it's affiliates, and representatives from any liability that may result in the release of the above stated information.

***REMEMBER TO SIGN AND DATE THE EMPLOYMENT APPLICATION
THANK YOU FOR YOUR INTEREST IN OUR COMPANY!***

Date _____ Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Interview? Interviewed by _____ Date _____
____ Yes Comments _____

____ No _____
Interviewed by _____ Date _____
Comments _____

Hired? Starting Date _____
____ Yes

____ No Comments _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

1. Name _____ Home Phone _____
Address _____ Work Phone _____
Occupation _____

2. Name _____ Home Phone _____
Address _____ Work Phone _____
Occupation _____

3. Name _____ Home Phone _____
Address _____ Work Phone _____
Occupation _____

Requested information is needed for a legally permissible reason, including, without limitations, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.

Have you ever been convicted of a crime, excluding misdemeanor traffic offenses which has not been annulled or expunged or sealed by a court of law? Yes No

If yes, please explain in full _____

Conviction of a crime will not be an absolute bar to employment

Have you ever had any prior criminal convictions of abuse or neglect? Yes No
Have you ever been reported to the Board of Nursing, Nursing Assistant Registry, or other Boards related to any licenses you previously or currently have? Yes No

If yes to either of the above questions, please explain

If you have been given a written job description listing the essential job functions of the position(s) for which you have applied, please review the job description (s) and answer the following question.

Are you able to perform each of the essential job functions, without accommodations, listed for each position for which you have applied? Yes No

If no, list the functions(s) you are unable to perform and describe what accommodations you would need to perform the essential function(s) of the position(s). _____

