

**APPLICATION FOR EMPLOYMENT**

Location: 330 12th St.

Pawnee City, NE 68420

Phone (402)852-2055

Fax (402)852-2065

**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability. **Please legibly print all information.**

**Date: \_\_\_\_\_\_\_\_\_ Position Applied For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 First middle initial Last**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Apt.# City State Zip Code**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***NOTICE:*** Proof of Citizenship or immigration status will be required for Form I-9

Referral Source (circle): Advertisement Employee Agency Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you available to work? Check **all** that apply below:

\_\_\_\_\_Full Time \_\_\_\_\_Part Time \_\_\_\_\_Either Full or Part Time \_\_\_\_\_School Breaks

\_\_\_\_\_Weekends \_\_\_\_\_Day Shift \_\_\_\_\_Evening Shift \_\_\_\_\_Night Shift

**Circle either yes or no for the following questions**

Have you filed an application here before? Yes No If yes, give date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed here before? Yes No If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed now? Yes No Date available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you lawfully able to be employed in this country? ……….………………………. Yes No

Are you on a lay-off and subject to recall?……………….…………………………….. Yes No

Are you willing to work overtime or long shifts?………………………………………... Yes No

Can you travel if a job requires it?……………………………………………………….. Yes No

If you were hired, would you be willing to work other shifts or days than you were

hired for if needed?………….………………………………………….…………………. Yes No

Any shifts or hours that you would refuse to work?……………………………………..Yes No

Which Shifts and Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you perform the functions of this job with or without reasonable accommodations?. Yes No

Have you ever been dismissed from a job for alleged abuse of residents or clients? Yes No

Do you have a history of violence and/or were convicted of a violent crime? ………..Yes No

Please list below any felony or misdemeanor convictions along with the date of occurrence and county/state in which the conviction occurred. Please include a brief description of the conviction and be sure that you identify what the conviction was for. Attach an additional sheet of paper if necessary. Please note that a conviction is not necessarily a disqualification for employment.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date County/State/Federal Type of Conviction**

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date County/State/Federal Type of Conviction**

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date County/State/Federal Type of Conviction**

**WE THANK YOU FOR YOUR INTEREST IN WORKING FOR Pawnee City Assisted Living.** BEFORE YOU START FILLING OUT THIS APPLICATION, WE WANT TO EXPLAIN WHAT IT'S LIKE TO WORK HERE AND WHAT TYPE OF EMPLOYEE WE ARE LOOKING FOR. Pawnee City Assisted Living is an equal opportunity employer. Because we work with a diverse population, we ask that all employees have the ability to read, understand, and speak fluent English. You must be able to lift 50 pounds frequently and 100 pounds occasionally. Be sure and enter your last four job positions, whether you feel that they are relevant or not. It would be a good idea to contact the references ahead of time to let them know that we will be calling. It will make the processing of this application faster. We are an assisted living facility providing care for seniors. Our facility is homelike and is **for people who need supervision and personal assistance**. Working at our facility is alot like taking care of a very large family! **Please note**: Smoking is not permitted within the building and a waiver must be signed, as this is not allowed on facility grounds. Working at our facility can be a lot of hard work, but it can also be very rewarding to know that you have made a difference in someone's life. You can make new friends, gain valuable work experience, and also have the opportunity to advance into supervision. On third shift, you may be on duty by yourself. Your supervisor will be on-call and will be able to answer your questions. If you were the one living in our facility, you would expect a clean facility, well prepared food, fast and friendly assistance, and employees who cared for and respected you. ***At*** our facility***, everybody's duty is to please each resident and their co-workers!* This includes:**

1.**Assist in meal preparation** and snacks as assigned

2.**Cleanliness of Environment** such as:

dusting, vacuuming and mopping

maintaining cleanliness of bedrooms

cleaning toilets and appliances

the general appearance of the facility

3.**Doing laundry**. This includes:

day to day washing and drying

putting clothes away

making sure all clothes are marked with the resident's name

4.**Administering medications and treatments**: If qualified.

(We may train you to do this)

5.**Assisting in group and individual activities**

6.**Assisting with resident cares** such as:

washing perennial areas and routine catheter care

shaving, combing hair, brushing resident's teeth, etc.

help toileting, helping bath

***We want staff to really care about others and not just themselves.*** These tasks are not glamorous, but if you were a resident, you would realize how important they are. If they aren't done right, it will cause our residents a lot of discomfort, both physically and mentally. At our facility, we give 24 hour care, seven days a week. We fill in for one another when one of us is sick so obviously, teamwork is very important here. As you can tell, everyone here must remain flexible because so much of our schedule depends on our residents and coworkers. If this sounds like the job for you, please fill out an application. If this job doesn't quite feel right for you, there's no reason to fill out this application. We do thank you for checking us out! If you still have some questions, just ask. ***Again, thank you for your interest in working with the best!* TO PROTECT OUR RESIDENTS AND OTHER STAFF MEMBERS, ALL EMPLOYEES MUST PASS AN INITIAL DRUG TEST, RANDOM DRUG CHECKS, ADULT AND CHILD PROTECTIVE AGENCY CHECKS, PRE-EMPLOYMENT PHYSICAL, AND CRIMINAL BACKGROUND CHECKS.**

**EMPLOYMENT EXPERIENCE**

**Start with your present or last job**. Include military service assignments and volunteer activities. Exclude names of organizations, clubs, professional societies or other associations of which the applicant is a member which by their name or character indicates the race, color, religion, sex, age, national origin or presence of a disability of its membership.

**PRESENT OR LAST JOB**

Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_-\_\_\_\_\_\_ Work Performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
 Starting Ending

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we Contact? Yes or No Was 2 wk. notice given? Yes or No Other: \_\_\_\_\_\_\_\_\_\_\_\_  
 Circle one Circle one

**2ND from Last Job**

Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_-\_\_\_\_\_\_ Work Performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
 Starting Ending

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we Contact? Yes or No Was 2 wk. notice given? Yes or No Other: \_\_\_\_\_\_\_\_\_\_\_\_  
 Circle one Circle one

**3rd from Last Job**

Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_-\_\_\_\_\_\_ Work Performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
 Starting Ending

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we Contact? Yes or No Was 2 wk. notice given? Yes or No Other: \_\_\_\_\_\_\_\_\_\_\_\_  
 Circle one Circle one

**4th from Last Job**

Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_-\_\_\_\_\_\_ Work Performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
 Starting Ending

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we Contact? Yes or No Was 2 wk. notice given? Yes or No Other: \_\_\_\_\_\_\_\_\_\_\_\_  
 Circle one Circle one

**REFERENCES OF PAST SUPERVISORS**

**Directions**: Please fill in the names of two supervisors not related to you that you've known at least one year that we may contact. Students: Please include at least one teacher or counselor as a reference.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you known this person? \_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you known this person? \_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES OF PERSONAL FRIENDS/Colleagues**

**Directions**: Please fill in the names of two personal friends not related to you that you've known at least one year that we may contact.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip

How long have you known this person? \_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip

How long have you known this person? \_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_

Yrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree/Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF applicable:

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPR or 1st Aid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.N.A.** Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_ Date of Exp \_\_\_\_\_\_\_\_\_

**Forty Hour M.A** Complete Date: \_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_ Date of Exp\_\_\_\_\_\_

**OTHER License information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(IF APPLICABLE)**

Applicant: This form must be read, agreed with, and signed for your application to be considered. **AUTHORIZATION AND UNDERSTANDING** Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I agree that any false information in support of my application may make me be ineligible for hire or be subject to discharge at any time during the period of my employment. I authorize any insurance company, employer, educational institution, law enforcement organization, state and federal agency including Nebraska’s department of labor, information services bureau, medical facility, and other persons contacted to release or to verify any of the information regarding my character, performance, qualifications, background, prior disciplinary employment record, and reasons for termination of past employment to requesting Employer or its agent and release all parties involved in providing said information from any responsibility or liability. I also authorize the release of my driving history, criminal records, and understand that they may contain information about my background, mode of living, character, and personal reputation. I acknowledge that a telephone facsimile, a digital or photographic copy shall be as valid as the original.

I understand and agree that any job offer from Pawnee City Assisted Living is contingent upon all criminal checks, Adult and Child Protective Agency and Certified Nurse Aide background checks, positive reference checks, employment physical, and drug testing as outlined in the Staff Manual.

I understand that if I am hired, I may be subject to drug and alcohol screenings, to the extent permitted by law, during my employment for cause or pursuant to the company's drug and alcohol policy. I understand that my employment is contingent upon the satisfactorily passing of such tests. Therefore, a positive test result, the alteration or tampering with the test or its results, or my refusal to take the test may result in the disciplinary action up to and including termination of my employment. If hired, I agree I will serve at the will of Pawnee City Assisted Living and further agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of Pawnee City Assisted Living as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize Pawnee City Assisted Living to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to Pawnee City Assisted Living during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Administrator of Pawnee City Assisted Living.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with Pawnee City Assisted Living, exclusively by final and binding arbitration before a neutral Arbitrator. By way of example only, such claims include claims under federal, state and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I further agree that if I should bring any action or claim arising out of my employment against Pawnee City Assisted Living or facilities managed by Pawnee City Assisted Living in which your employer prevails, I will pay to Pawnee City Assisted Living any and all costs incurred by Pawnee City Assisted Living in defense of said claims or actions, including attorney’s fees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Date**

**QUESTIONS FOR YOU We would like to know a few things about you. Please write us a couple of paragraphs on each question.**

1. **Why would you like to work for us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Have you ever heard of, or spoken to anyone before about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **What are your short term goals for the future?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **What are your long-term goals for the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Why should we invest in you over other applicants? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KNOWLEDGE BASE EVALUATION FORM** PLEASE RATE YOUR EXPERIENCE FOR EACH PROCEDURE by Circling (G-GOOD / F-FAIR / P-POOR) next to each of the following:

**TRANSFERS:**

Bed to chair or Wheelchair to bed **G F P**

Wheelchair to toilet Ambulation **G F P**

Chair to Wheel Chair **G F P**

One person assist Stand By Assist **G F P**

Two person assist Ambulation w/ walker **G F P**

Use of a gait belt Ambulation w/ Cane **G F P**

**BED MAKING:**

Unoccupied **G F P**

Occupied **G F P**

**MEALS:**

Puree food Unoccupied **G F P**

Thickened Liquids Occupied **G F P**

Resident w/ swallowing difficulties **G F P**

**ASSISTING A RESIDENT WITH:**

Brushing teeth Shower **G F P**

Cleaning dentures Whirlpool **G F P**

Cleaning glasses Bed Bath **G F P**

Applying hearing aides Shaving **G F P**

Dressing a dependent individual Toileting **G F P**

Applying support stockings Bowel and Bladder Training **G F P**

Toenail/Fingernail care **G F P**

Peri-care **G F P**

**MONITORING:**

Taking Blood pressure **G F P**

Taking Temperatures **G F P**

Taking pulse **G F P**

Diabetic reactions/checks **G F P**

Oxygen Administration **G F P**

Respirations **G F P**

**ARE YOU FAMILIAR WITH:**

Electronic Charting  **YES or NO**

Paper Charting **YES or NO**

Ordering Medications **YES or NO**

Electronic Medication Administration Record **YES or NO**

**PLEASE TELL US ABOUT ANY OTHER EXPERIENCES YOU HAVE HAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT DATA RECORD**

**Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or disability.**

Solely to help us comply with government record keeping and other legal requirements, please fill out the Applicant Data Record. **This information shall not be used** in making any hiring decision or in any selection procedure.

**(Please Print) Date** \_\_\_\_\_\_\_\_\_\_**Position Applied for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Source:** Advertisement Walk-In Relative Friend Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Last First M.I. Maiden etc. **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code and Number

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

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

**Drivers License** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Number Expiration Date

**Place of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

**AFFIRMATIVE ACTION SURVEY**

Government agencies require periodic reports on the sex, marital status, ethnicity, and age of applicants. This data is for analysis and Government reporting only.

**Circle One:** Female Male

**Circle One:** Single Married Divorced Widowed

**Race/Ethnic Group:** American Indian Alaskan Native Asian Pacific Islander

Black Hispanic White

I acknowledge that all the above provided information is true and accurate.

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