St. Anthony Rehabilitation and Nursing Center Application for Employment

Equal access to programs, services, and employment opportunities are available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include but not limited to making a change to the application process, providing written materials in an alternate format such as braille, large print, or audio recording, using a sign language interpreter, using specialized equipment, or modifying testing conditions.

Name:	Date:/
Address:	
Telephone #1: () Telephone #2: ()	ohone #2: ()
Email:	
Position Applied For:	
Referral Source (e.g., website, posting, friend, etc.):	
Best time to call is::am/pm	Will you travel if required? Yes / No
May we contact you at work? Yes / No	If attendance requirements have been explained to
.,	you, can you meet these requirements? Yes / No
If you are under the age of 18, can you furnish a work permit	
if required? Yes / No / NA	Driver's license # if required by the job you are
**If <u>no</u> , please explain:	applying: # State:
	Have you ever been bonded? Yes / No
Have you applied with us before? Yes / No	
**If <u>yes</u> , state position and date(s):	Have you entered into an agreement with a former
	employer or other party (such as a noncompetition agreement) that may, in any way, restrict your ability
Have you been employed here before? Yes / No	to work for our company? Yes / No
**If yes, state position and date(s):	**If yes, please explain:
ii <u>yes</u>) state position and date(s).	ii yes, piease explaini
Are you lawfully authorized to work in the	
United States? Yes / No	
Type of employment desired: Full Time / Part Time	
Desired aster of assert A	
Desired rate of pay: \$ per hour	
Date available for work:/	

Employment History: Starting with your most recent employer, provide the following information. You may include verified work performed on a volunteer basis.

Employer:	Telephone:	
Address:		
Job Title:	Dates Employed: From _	/ to/
Immediate Supervisor and Title:	Email:	
Why did you leave?		May we contact? Yes / No / Later
Summarize the type of work performed and job responsibilities:		
What did you like most about your position? List your strengths.		
What where the things you liked least about your position? List y	our weaknesses.	
Employer:	Telephone:	
Address:		
Job Title:		
Immediate Supervisor and Title:	Email:	·
Why did you leave?		May we contact? Yes / No / Later
Summarize the type of work performed and job responsibilities:		
What did you like most about your position? List your strengths.		
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Summarize the type of work performed and job responsibilities:		
What did you like most about your position? List your strengths.		
What where the things you liked least about your position? List y	our weaknesses.	

(Employment History continued) Explain any gaps in your employment histo	ory:			
If not addressed on the previous page, have **If yes, please explain:	ve you ever bee	n terminated or asked	to resign fron	n a job? Yes / No
Skills and Qualifications: Summarize any performing the	-	, skills, languages, and, ich you are applying.	or certificate	s that may assist you in
Education Background: Starting with yo	our most recent	school attended, provi	de the inform	ation indicated,
Name of School (include city and state)	# of Years Completed	Degree Obtained	GPA / Rank	Major / Minor

<u>References</u>: List names and telephone # of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school/personal references that are not related to you.

Name of Reference	Title, if applicable	Relationship to you	Telephone	Email	# of years known

Additional			
Comments:			

Applicant Statement

I certify that all information I have provided to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and suing truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that my employment will be "at-will" and I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I9 form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate, or third party is to be used solely to perform the services requested by the employer.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment based on his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APP	LICANT STATEMENT
I certify that I have read, fully understand, and accept all terms for the foreg	oing Applicant Statement.
Signature of Applicant	/
Signature of Applicant	butc

St. Anthony Rehabilitation and Nursing Center Personal Reference Check

Name of applicant				
Name of personal reference				
How is applicant and reference acqua	ainted?			
	Excellent	Good	Average	Poor
Quality of work				
Attendance/Dependability				
Honesty				
Ability to handle responsibility				
Rapport with residents				
Rapport with co-workers				
Rapport with supervisors				
Is there anything else I should know	about the appli	cant?		
Signature & title of person completing	og forme		 Date	

St. Anthony Rehabilitation and Nursing Center 1205 N. 14th St. Lafayette, IN 47904

To whom it May Concern:		
The applicant named below is being conside organization.	red for employment as a/an	with our
The applicant listed you or your organization with the release, signed by the applicant bel fax at (765) 742-8790. If you are unable to fax at (765) 742-8790.	ow, please provide the information req	uested and return this form to us by
Thank you.		
Sincerely, St. Anthony Rehabilitation and Nursing Cent	er	
**************************************	***********	**********
I am seeking employment with St. Anthony I permission for you to release the following i you to the extent that such information furn and release any claim of action I may have a extent that such information is used in a corfor employment. A photocopy or other repr	nformation. I further waive and release iished to SARNC is an accurate reflection gainst SARNC regarding the receipt of the ifidential manner solely for the legitima	e you from any claim of action agains n of my work record. I hereby waive he following information to the te purpose of determining suitability
Name of Applicant: (print)		
Name, if different from above while employ	ed: (print)	
Last 4 digits of Social Security #: xxx-xx		
Signature of Applicant:		
**************************************	***********	**********
Position held:	Employed from	to
Reason employment ended:		
Would you rehire this individual?		
Signature / Title:	Date	:

St. Anthony Rehabilitation and Nursing Center Certification of Compliance

<u>Appli</u>	cants/Vendor	<u>rs/Others as a</u>	<u>applicable</u>	
Date				
	e Print: Name		First Name	Middle Initial
1.	Are you kno	own by any o	ther name or alias? If so,	, list name(s)?
2.	debarred, s	uspended, or		who is currently excluded, ording to the State or Federal
inelig	ible person b	y becoming (ng the facility immediately disbarred, suspended, or ral government. I am not	
Signa	ture			
Name	e of Company	y you work fo	r	
				f the Corporate Compliance sed for compliance checks:
		http://exclusi	ons.oig.hhs.gov/ and htt	p://epls.gov
For a	dministrati	ve use only	: (front desk or mana	ger)
Reco	ded in Book	by		
_Em _Hos _Vol	spice unteers/Ente	Ambulance Misc. rtainers	ConsultantsDieta RepairmenTh	ryDrs./Medical erapy

St. Anthony Rehabilitation and Nursing Center Employee Information

Please	e print clearly.	
1.	Name (full)	
2.	Maiden Name, if applicable	
3.	List any former names used	
4.	Social Security Number	
5.	Date of Birth/	
6.	Telephone Number ()	
7.	Current Street Address	
8.	City, State	 Zip Code
9.	Name on Driver's License	
10	.Driver's License Number	State Issued
I unde	ning below, you are certifying that the above informationerstand I am responsible for notifying Human Resources if formation.	
Signat	ture of Applicant	
Date		

St. Anthony Rehabilitation and Nursing Center Consumer Disclosure and Authorization Disclosure Regarding Background Investigations

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize St. Anthony Rehabilitation and Nursing Center (SARNC hereafter) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

- Verification of Social Security number
- Current and previous residence(s)
- · Employment history, including personnel files
- Education
- References
- Credit history and reports
- Criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions
- Birth records
- Motor vehicle records, including traffic citations and registration
- Any other public records

l,	, authorize the complete release of these records or
data pertaining to me that an individu	al, company, firm, corporation, or public agency may have. I
institution, or other persons having per with all information in their possession	sent or former employer, school, police department, financial ersonal knowledge of me to furnish SARNC or its designated agents in regarding me in connection with an application of employment. This authorization be accepted with the same authority as the
• •	leral Fair Credit Reporting Act, if any adverse action is to be taken opy of the report, and a summary of the consumer's rights will be
Signature of Applicant	/