

**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: _____ (Last) (First) (MI)	Date: ____/____/____
Address: _____	
Telephone #1: (_____) _____ Telephone #2: (_____) _____	
Email: _____	
Position Applied For: _____	
Referral Source (e.g., website, posting, friend, etc.): _____	

<p>Best time to call is: ____:____ am/pm</p> <p>May we contact you at work? Yes / No</p> <p>If you are under the age of 18, can you furnish a work permit if required? Yes / No / NA **If <u>no</u>, please explain: _____</p> <p>Have you applied with us before? Yes / No **If <u>yes</u>, state position and date(s): _____</p> <p>Have you been employed here before? Yes / No **If <u>yes</u>, state position and date(s): _____</p> <p>Are you lawfully authorized to work in the United States? Yes / No</p> <p>Type of employment desired: Full Time / Part Time</p> <p>Desired rate of pay: \$ _____ per hour</p> <p>Date available for work: ____/____/____</p>	<p>Will you travel if required? Yes / No</p> <p>If attendance requirements have been explained to you, can you meet these requirements? Yes / No</p> <p>Driver's license # if required by the job you are applying: # _____ State: _____</p> <p>Have you ever been bonded? Yes / No</p> <p>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 to work for our company? Yes / No **If yes, please explain: _____ _____ _____</p>
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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 your weaknesses.

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Address: _____

Job Title: _____ Dates Employed: From ____/____/____ to ____/____/____

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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 your weaknesses.

(Employment History continued)

Explain any gaps in your employment history:

If not addressed on the previous page, have you ever been terminated or asked to resign from a job? Yes / No

**If yes, please explain:

Skills and Qualifications: Summarize any special training, skills, languages, and/or certificates that may assist you in performing the position for which you are applying.

Education Background: Starting with your most recent school attended, provide the information indicated,

Name of School (include city and state)	# of Years Completed	Degree Obtained	GPA / Rank	Major / Minor

References: 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: _____

**St. Anthony Rehabilitation and Nursing Center
Personal Reference Check**

Name of applicant _____

Name of personal reference _____

How is applicant and reference acquainted? _____

	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 applicant?

Signature & title of person completing form

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 considered for employment as a/an _____ with our organization.

The applicant listed you or your organization as a former place of employment or as a personal reference. In accordance with the release, signed by the applicant below, please provide the information requested and return this form to us by fax at (765) 742-8790. If you are unable to fax the form, mail it to 1205 N. 14th St. Lafayette, IN 47904 Attn: Human Resources.

Thank you.

Sincerely,
St. Anthony Rehabilitation and Nursing Center

Applicant Authorization

I am seeking employment with St. Anthony Rehabilitation and Nursing Center (SARNC hereafter) and hereby give my permission for you to release the following information. I further waive and release you from any claim of action against you to the extent that such information furnished to SARNC is an accurate reflection of my work record. I hereby waive and release any claim of action I may have against SARNC regarding the receipt of the following information to the extent that such information is used in a confidential manner solely for the legitimate purpose of determining suitability for employment. A photocopy or other reproduction of this original will be considered valid.

Name of Applicant: (print) _____

Name, if different from above while employed: (print) _____

Last 4 digits of Social Security #: xxx-xx-_____

Signature of Applicant: _____

Record of Employment

Position held: _____ Employed from _____ to _____

Reason employment ended: _____
Yes / No

Would you rehire this individual?

Signature / Title: _____ Date: _____

**St. Anthony Rehabilitation and Nursing Center
Certification of Compliance**

Applicants/Vendors/Others as applicable

Date _____

Please Print:

Last Name _____ First Name _____ Middle Initial _____

1. Are you known by any other name or alias? If so, list name(s)?

2. Are you part of an entity or an ineligible person who is currently excluded, debarred, suspended, or otherwise ineligible according to the State or Federal government? yes no

You are responsible for notifying the facility immediately if you should become an ineligible person by becoming disbarred, suspended, or otherwise ineligible according to the State or Federal government. I am not an ineligible person.

Signature

Name of Company you work for

Website compliance checks will be conducted as part of the Corporate Compliance program required by law. Websites which will be accessed for compliance checks:

<http://exclusions.oig.hhs.gov/> and <http://epls.gov>

For administrative use only: (front desk or manager)

Recorded in Book by _____

Section to Record in or File:

Employee Ambulance Consultants Dietary Drs./Medical

Hospice Misc. Repairmen Therapy

Volunteers/Entertainers

Student (green book entry not necessary)

**St. Anthony Rehabilitation and Nursing Center
Employee Information**

Please 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

By signing below, you are certifying that the above information is true and correct. I understand I am responsible for notifying Human Resources if there is a change in my information.

Signature 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

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish SARNC or its designated agents with all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report, and a summary of the consumer's rights will be provided to me.

Signature of Applicant

____/____/____
Date