

**APPLICATION FOR CRAIGHEAD NURSING CENTER EMPLOYMENT**

Federal and State law prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability, or handicap.

Please review the job description for the position in which you are applying. Do you meet the qualifications and have the physical, mental, and emotional ability to perform the essential job functions of this job? \_\_\_ Yes \_\_\_ No

This application is active for **90 DAYS**.

**PERSONAL INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, State, and Zip Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone Number (Message number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under the age of 18, do you have a worker’s permit? \_\_\_\_\_\_\_ What is your Date of Birth? \_\_\_\_\_\_\_\_\_\_

Citizen of the U.S.? If no, are you authorized to work in the U.S.? \_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number/ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Desired Employment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Position applied for : | Shift Desired-1st, 2nd, or 3rd | Full-Time? | Part-Time? |
| First Choice |  |  |  |
| Second Choice |  |  |  |

Date you can start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How were you referred to CNC? (List any friends/relatives) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied for CNC before? \_\_\_\_\_\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked for CNC before? \_\_\_\_\_\_\_\_\_\_ If yes, when, who was your supervisor and give the reason for leaving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of or plead guilty to a crime other than a minor traffic violation? \_\_\_\_\_\_\_ If yes, please explain the nature of the offense (s), date the offense(s) occurred, and the sentence imposed (Conviction of criminal offense considering the nature of the offense will not prelude your employment but false or misleading information will.).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been disciplined for resident or child abuse? \_\_\_\_\_\_ If so, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you COVID vaccinated?\_\_\_\_\_\_\_\_ If so, list date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a Flu vaccine this year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education/Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of License | Organization or State Issued | Date Issued | Date of Expiration | Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Has any professional license that you hold ever been suspended or revoked? \_\_\_\_\_ If so explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you ever been disciplined for being unprofessional or displaying unethical nursing to include abuse or neglect? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| School | Name and Address of school | Graduation Date | Type of Diploma or License Obtained |
| High School |  |  |  |
| College or Tech School |  |  |  |
| Nursing School |  |  |  |
| Other |  |  |  |

**Employment History**

List all employers for whom you have worked during the last ten years in order from most recent. Explain any lapses between employers with dates of gaps and why you were not employed during that timeframe. If there any additional employers please add them on the back of the last page.

|  |  |
| --- | --- |
| 1.) Company Name | Dates Employed : MM/YYYY  From: To |
| Address: | Phone: | Starting Salary: Ending Salary: |
| Position Title | Supervisor’s name/title: |  |
| Job Description: | Job Duties: |  |
| May We Contact: | Reason For Leaving: |  |
| 2.) Company Name | Dates Employed : MM/YYYY  From: To |
| Address: | Phone: | Starting Salary: Ending Salary: |
| Position Title | Supervisor’s name/title: |  |
| Job Description: | Job Duties: |  |
| May We Contact: | Reason For Leaving: |  |
| 3.) Company Name | Dates Employed : MM/YYYY  From: To |
| Address: | Phone: | Starting Salary: Ending Salary: |
| Position Title | Supervisor’s name/title: |  |
| Job Description: | Job Duties: |  |
| May We Contact: | Reason For Leaving: |  |
| 4.) Company Name | Dates Employed : MM/YYYY  From: To |
| Address: | Phone: | Starting Salary: Ending Salary: |
| Position Title | Supervisor’s name/title: |  |
| Job Description: | Job Duties: |  |
| May We Contact: | Reason For Leaving: |  |
| 5.)Company Name | Dates Employed : MM/YYYY  From: To |
| Address: | Phone: | Starting Salary: Ending Salary: |
| Position Title | Supervisor’s name/title: |  |
| Job Description: | Job Duties: |  |
| May We Contact: | Reason For Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| References |  |  |  |
| Reference Name/ Relationship | Address | Phone Number | Yrs. Known |
|  |  |  |  |
|  |  |  |  |
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PLEASE SUPPLEMENT BELOW ANY ADDITIONAL INFORMATION, SKILLS, OR QUALIFICATIONS THAT YOU FEEL WILL BE HELPFUL IN OUR CONSIDERATION OF YOU FOR EMPLOYMENT WITH CRAIGHEAD NURSING CENTER:

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

**I certify that all statements made in this application are, to the best of my knowledge, correct. Should any of the Statements be subsequently proved incorrect, I understand the employer may cancel my employment. I hereby give permission for you to contact my previous employers, schools, and references listed on this application. I understand that any employment by this facility will be on a 90 day introduction period, if employed by Craighead Nursing Center, I agree to abide by its rules and regulations.**

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| --- |
| **Applicant Signature: Date:** |

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***Office Use Only***

**Employment Clearance: Date Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM**

**\_\_\_\_\_ Admin \_\_\_\_\_ RN \_\_\_\_\_\_ LPN \_\_\_\_\_ CNA \_\_\_\_\_ Housekeeping \_\_\_\_\_ Dietary \_\_\_\_\_ Maintenance \_\_\_\_\_ Hostess**

**License/ Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Good Standing? Yes/ No Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Date of Hire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Wage:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_** |