



APPLICATION FOR EMPLOYMENT

GENERAL BAPTIST HEALTHCARE

Please mark or highlight the facility you are applying for:

Skilled Nursing Facilities

- General Baptist Nursing Home of Campbell, MO General Baptist Nursing Home of Piggott, AR
 General Baptist Nursing Home of Linn, MO

Assisted Living Facilities

- Magnolia Manor of Piggott, AR

This establishment does not discriminate based on age, race, religion, color, sex, national origin, marital status, physical or mental disability or any other lawfully protected status. Therefore, to consistently consider applicants all portions of this application form must be completed. Omissions, misrepresentations, or falsifications will be cause for disqualification for, or discharge from, employment. Thank you for taking the time to accurately apply for employment with us.

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Present Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone Number: (____) _____ Social Security Number: _____

Alternate or Message

Telephone Number: (____) _____ How did you hear about us: Advertisement Friend
 Walk-in Employment Agency Relative Other _____

Are you eligible to work in the United States? ____ Yes ____ No

If you are under 18 years of age, can you provide required proof of you eligibility to work? ____ Yes ____ No

Have you ever applied for work here before? ____ Yes ____ No If yes, when? _____

Have you ever been employed with us before? ____ Yes ____ No If yes, when? _____

Are you currently employed? ____ Yes ____ No

Are you currently on "lay-off" status and subject to recall? ____ Yes ____ NO

Have you ever worked for a hospital, nursing home, homecare, or any medical related field? ____ Yes ____ NO

Have you ever been convicted of a crime (excluding traffic violations)? ____ Yes ____ No

If yes, please explain _____

Please list: Names of relatives employed here: _____

Names of friends employed here: _____

Positions for which you are applying. (Please check or highlight appropriate circle(s).)

Nursing: RN LPN CNA NA Dietary: Cook Dishwasher
 Social Worker Laundry Maintenance Activities Clerical Housekeeping

Other (Specify) _____

Wages expected: \$ _____ Per hour

Do you want full time _____ ? or Part time _____ ?

If full time, which shift would you prefer: _____ Day _____ Evening _____ Night

After what date are you available to work: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Account for all periods of employment and unemployed:

1. Employer: _____ Employed from: _____ To: _____
Address: _____ Rate of Pay: _____ per hour
Telephone number: _____ Job Title: _____
Work performed: _____
Reason for leaving: _____
2. Employer: _____ Employed from: _____ To: _____
Address: _____ Rate of Pay: _____ per hour
Telephone number: _____ Job Title: _____
Work performed: _____
Reason for leaving: _____
3. Employer: _____ Employed from: _____ To: _____
Address: _____ Rate of Pay: _____ per hour
Telephone number: _____ Job Title: _____
Work performed: _____
Reason for leaving: _____

Military Service

Branch of service: _____ Entered: _____ Discharged: _____

Duties: _____ Rank: _____

Type of Discharge: _____

APPLICANT'S STATEMENT

I hereby verify that if I become employed, I understand that as a continuing condition of my employment, I will:

1. Maintain positive and harmonious relationships with patients, visitors, and staff: Yes No
2. Appear for duty as scheduled or at least to secure a replacement in the event of unforeseen circumstances: Yes No
3. Be a team member, rendering help to fellow staff in other departments as needed: Yes No

I certify that the information contained in this application is correct and understand that falsification of the document in any detail or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of this establishment, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Home or myself. I also agree to submit to a physical examination if any employment offer is extended and to cooperate fully with other examinations or investigations that may be requested by the employer from time to time as an ongoing condition of employment.

Therefore, you are authorized by my signature below to make such initial investigations you deem necessary as to personal character, reputation, work history, credit record, convictions, or other such lawful inquiries prior to or during employment.

I understand that this application will be active for 90 days if not employed; thereafter, I will have to reapply.

(Signature)

(Date)