

Oak Grove Christian retirement Village Employment Application

Date: _____

Personal

Last Name	First	Middle	Social Security Number
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Address	City	State	Zip	Phone number
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Have you ever worked for this company under a different name? Yes No

Have you ever worked under a nickname or other name for another company that we should know about in order to check your references/work record? Yes No

If yes please explain: _____

Position applied for:

- | | | | | |
|---------------------------------|---------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> R.N. | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Office | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> L.P.N. | <input type="checkbox"/> Laundry | <input type="checkbox"/> Activities | <input type="checkbox"/> Assisted Living | |
| <input type="checkbox"/> C.N.A. | <input type="checkbox"/> Other: _____ | | | |

Do you have adequate transportation to and from the facility? Yes No

Date Available for work: _____

Have you ever been employed at Oak Grove Christian Retirement Village? Yes No

Are you applying for: Full Time Part Time PRN

Our facility is open 24 hours a day, seven days a week.

Would you consider working:

- | | | |
|----------------------|------------------------------|-----------------------------|
| Any Shift? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weekends & Holidays? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rotating Shifts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Shift Preference: Day Evenings Nights

If offered employment, can you verify that you meet legal requirements? Yes No

If offered employment, can you verify that you meet legal requirements to work and remain in the U.S.? Yes No

Have you ever been convicted of or pled guilty or no contest to any crime other than minor traffic violation?

Yes if yes, please explain: No

Have you ever had your license or certificate sanctioned or revoked by any healthcare regulatory body or agency?

Yes if yes, please explain: No

Note: Criminal convictions are not an absolute bar of employment, and are only in relation to the specific job applied for. Any untruthful answer will result in disqualification or discharge.

Have you ever been excluded or sanctioned from participating in a Medicare/Medicaid health care program?

Yes if yes, please explain No

Education and Skills

Name of School City, State	Course Study	Last year Completed	Did you Graduate	Degree Earned
High School:		1 2 3 4		
College or Training:		1 2 3 4		
Additional Education or Job Skills:				

Professional Licenses and/or Certifications

Are you currently licensed or certified Yes No If yes see below

Are you eligible to be licensed or certified? Yes No If yes see below

Type of License or Certification:	State Issued	Date issued	Number
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Reference (3 are required)

Name	Address	Title	Phone Number

Employment History

Please list the most recent employer first

From Month/Year	To Month/Year	Immediate Supervisor	Last Salary	Reason for Leaving

Job Title: _____

Employer Name, Address & Phone: _____

Describe Position Duties: _____

Employment History Continue

From Month/Year	To Month/Year	Immediate Supervisor	Last Salary	Reason for Leaving

Job Title: _____

Employer Name, Address & Phone: _____

Describe Position Duties: _____

From Month/Year	To Month/Year	Immediate Supervisor	Last Salary	Reason for Leaving

Job Title: _____

Employer Name, Address & Phone: _____

Describe Position Duties: _____

From Month/Year	To Month/Year	Immediate Supervisor	Last Salary	Reason for Leaving

Job Title: _____

Employer Name, Address & Phone: _____

Describe Position Duties: _____

