# John Knox Village East & Meyer Care Center EMPLOYMENT APPLICATION

<u>To Applicant:</u> John Knox Village East & Meyer Care Center is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

#### **PERSONAL INFORMATION**

PLEASE PRINT ALL INFORMATION:	Date:			
Name				
Last	First		Middle Initial	
Telephone#:		Email		
Present Address:				
Street	Apt.	City	State	Zip Code
Previous Address:				
Street	Apt.	City	State	Zip Code
How long have you lived at present address?		How long at pre	vious address?	
Are you at least 18 years old?	Are you	ı legally eligible for emp	oloyment in the USA	\?
Position(s) you are applying for:				
Rate of pay expected per hour \$				
Work Status needed (circle your preference):		FULL-TIME	PART TIME	PRN
Preferred shift (circle all that apply):	DAY	EVENINGS	NIGHT	WEEKENDS
Have you ever been employed by John Knox	Village	East & Meyer Care Cent	ter?	
If yes, what give date(s) and position(s)?				
Do you have any friends or relatives working	for Joh	n Knox Village East & N	leyer Care Center?	
How did you learn of this position?				
Have you ever been bonded: If yes	, for wha	at job (s)?		
Are you excluded from participation in Feder	al Healtl	h Care Programs?		
If yes, please explain:				
On what date would you be available to begir	າ work?			

#### **EMPLOYMENT RECORD**

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

1. Company Name:				ı
Address:			:	
Supervisor Name:				
Position Held:	_			
Start Date:	End Date:	_	Salary:	
Reason for leaving:				
2. Company Name:				ı
Address:		Phone number:		
Supervisor Name:				
Position Held:				
Start Date:	End Date:		Salary:	
Reason for leaving:				
3. Company Name:				
Address:		Phone number:	<u> </u>	
Supervisor Name:				
Position Held:				
Start Date:	End Date:		Salary:	
Reason for leaving:				
4. Company Name:		<del>-</del>		ı
Address:		Phone number:	<u>.</u>	
Supervisor Name:				
Position Held:				
Start Date:	End Date:		Salary:	
Reason for leaving:				
May we contact your former er	nployers?			
If not, which employers do you not want us to contact?				

High School:  Name:State: Did you graduate?  Name: State: Did you graduate?  GED:  Where: State:  College:  1. Name: State: How Long?  Course of Study: Degree:  2. Name: State: How Long?  Course of Study: Degree:  3. Other: Degree:  3. Other: How Long?  Course of Study: Degree/Diploma  Certifications or Licensures (Please be specific):  MILTARY SERVICE RECORD  Were you in the US Armed Forces? If so, what branch?  Dates of duty: From to Rank at Discharge:	Why would you like to work at John Knox Village East & Meyer Care Center?				
High School:  Name:State:Did you graduate?  Name:State:Did you graduate?  GED:  Where:State:  College:  1. Name:State:					
Name:State: Did you graduate?  Name: State: Did you graduate?  GED:	High School:	<b>EDUCATION </b>	<u>record</u>		
GED:  Where:State:  College:  1. Name:State:How Long?  Course of Study:	_	State:	Did you graduate?		
Where:State:  College:  1. Name:	Name:	State:	Did you graduate?		
Where:State:  College:  1. Name:	GED:				
1. Name:State:How Long? Course of Study:		State:			
1. Name:State:How Long? Course of Study:	College:				
2. Name:	_	State:	How Long?		
Course of Study:	Course of Study:		Degree:		
Course of Study:	2. Name:	State:	How Long?		
Certifications or Licensures (Please be specific):  List any other experiences, skills, hobbies or qualifications that may benefit our organization:  MILTARY SERVICE RECORD  Were you in the US Armed Forces? If so, what branch?  Dates of duty: From to Rank at Discharge:			-		
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Were you in the US Armed Forces? If so, what branch?  Dates of duty: From to Rank at Discharge:		MILTARY SERVIC	CE RECORD		
	Were you in the US Armed Force				
List duties in the service:	•				
	List duties in the service:				

## **PROFESSIONAL REFERENCES**

NO RELATIVES PLEASE.

Name: Occupation:  Address:  Phone #:	Name: Occupation: Address: Phone #:		
Name: Occupation: Address:	Name: Occupation: Address:		
Phone #:  Please read and sign below:	Phone #:		
I understand that nothing contained in this application or in the interview process is intended to create an employment contract between me and John Knox Village East & Meyer Care Center. If I am employed by John Knox Village East & Meyer Care Center, I will be an employee-at-will. This means that both John Knox Village East & Meyer Care Center and I have the right to terminate my employment at any time, for any reason, with or without cause. I also acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG and references.			
The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.			
Signature	Date:		

### **AUTHORIZATION TO RELEASE INFORMATION**

I authorize John Knox East & Meyer Care Center to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name:
Please print other/maiden names you have used:
Social Security Number:
Date of Birth:
APPLICANT SIGNATURE:
DATE:

John Knox Village East & Meyer Care Center is an Equal Opportunity Employer.

## John Knox Village East & Meyer Care Center

# Post-Offer, Pre-employment Drug Testing Consent Form

George J. & Hilda Meyer Foundation, Inc. DBA John Knox Village East & Meyer Care Center acknowledges the problem of substance abuse (including alcohol) in our society. Furthermore, we see substance abuse as a serious threat to the safety of our employee, other individuals doing business with the community, and our guests. It also adversely affects the service and dependability that our residents expect and general levels of job performance. We are addressing this problem by introducing a substance abuse policy to ensure the community will have a drug-free work force.

While the community understands employees and applicants under a physician's care are required to use prescription and non-prescription drugs, abuse of such medications will be dealt with in the same manner as the abuse of drugs.

As a condition of employment, all applicants at this community must agree to sign a statement indicating that they will adhere to George J. & Hilda Meyer Foundation, Inc. DBA John Knox Village East & Meyer Care Center's Drug-Free Work Place Program.

All offers of job employment will be conditioned on the applicants taking and passing a screening test for evidence of improper drug use.

Applicants will be required to voluntarily submit to a post-offer, pre-employment drug test at a laboratory chosen by the community, and by signing a consent agreement agree to release the community from liability. The community may use a refusal to submit to a drug test or a positive confirmed drug test as a basis for refusing to hire a job applicant.

Any job applicant who received a positive confirmed drug test result may contest or explain the results to the community within five working days after notification of the positive test results. If a job applicant's explanation or challenge is unsatisfactory to the community, the person may contest the drug test pursuant to the rules adopted by the State Department of Labor and Employment Security, 38F-9.009 F.A.C. If an explanation or challenge is accepted as satisfactory, the community reserves the right to test without giving advance notice for a period of two years.

I policy and release George J. & Hilda Meye liability.	· •		 per the communities er Care Center from
Signature		Date	 