

Application for Employment
Rancho Manor Healthcare & Rehabilitation Center
 615 Rancho Ln., Florissant, MO 63031

This facility is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran's status.

Date of Application: _____ Date Available to Begin Work: _____

*Applications are only good for 30 days only. Consideration for employment after 30 days requires a new application

Name: _____ Social Security #: _____
 Last First Middle Initial

Present Address: _____ Phone Number: _____
 Street City/State Zip Code

Employment Desired		
Position/Job	Shift/Hours	Rate of Pay

Full Time Have you ever worked Yes No
 Part Time here before?
 PRN/As Needed **If Yes, when?** _____

Are you under 18 years of age? Yes No Are you legally eligible to work in the U.S.? Yes No

List any friends or relatives already working here: _____
 Name Relationship

Education and Training

Select Highest Grade Completed 8 9 10 11 12 13 14 15 16 17 18

	Name	City/State	Dates		Degree Awarded
			From	To	
High School					<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.
College or Vocational					
Other:					

Licensure(s):
 RN LPN Other: _____

State	License#	Expiration

Has any professional license ever been disciplined? Yes No N/A
 If Yes, explain in comments section

Were you in the U.S. Armed Forces? Yes No Dates of Service: _____ to _____

Did you receive an Honorable Discharge? Yes No Branch of Service: _____

Other CPR Certified Exp Date: _____ IV Certified Insulin Certified Other: _____

Training EMR Type: _____ Software Describe: _____

JOB-RELATED COMMENTS including other special skills, memberships in professional associations, awards, licensures, registrations, etc.

Employment History:

List employers in reverse order starting with your most recent. Include U.S. Military Service

Employer 1	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 2	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 3	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 4	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
Employer 5	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____

**If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

If any employment was under a different name, please indicate name(s): _____

May we contact the employers listed above? Yes No If no, list which one(s) you do not wish us to contact _____

Explain any gaps of greater than one month in you work history: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain: _____

Except for minor traffic violations, have you ever been convicted of a crime? * Yes No If yes, explain: _____

Have you ever been excluded from working due to findings of abuse, neglect, theft, fraud or another other disqualifying condition? * Yes No If yes, explain: _____

*A criminal conviction or prior history of an exclusion will not necessarily prevent you from being hired

References:

Professional: Include at least two if possible

Personal: Include at least one if possible

Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Rancho Manor Healthcare & Rehabilitation Center to hire me. If I am hired, I understand that either Rancho Manor Healthcare & Rehabilitation Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Rancho Manor Healthcare & Rehabilitation Center has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Rancho Manor Healthcare & Rehabilitation Center true and complete information on this application. No requested information has been concealed. I authorize Rancho Manor Healthcare & Rehabilitation Center and its authorized agents to verify any job-related information provided in connection with this application and release Rancho Manor Healthcare & Rehabilitation Center and any persons, companies or corporations from liability or responsibility for the information obtained. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. If employed, I understand that I will be required to provide proof of eligibility to work within three days of hire or risk being dismissed.

Signature: _____

Date: _____

Office Use Only

Interview Date: _____

Interviewer Name: _____

Interview Notes:

Pre-Employment Review

Reference Verification

Date Completed	Time	Name or Agency Contacted	Comments

Other Verifications *Attach copies of all screen shots of online verifications when appropriate

Date Completed	Item	Initials	Comments
	Licensure check		
	Healthcare Registry, EDL, FCSR, etc.		
	OIG Exclusion List		
	System for Award Management		
	Sex Offender Registry		
	Certification Check; insulin, IV cert, etc.		
	Other:		
	Other:		

Hiring Decision:

Hired: Yes No Position: _____ Rate of Pay: _____ per _____

Date of Conditional Offer: _____ Expected Start Date: _____

Post Employment Review: *Complete only upon the acceptance of a conditional job-offer

Date Completed	Item	Initials	Comments
	Criminal Background Check		
	Drug Screening		
	Motor Vehicle Record Check if Applicable		
	Medical Review Questionnaire		
	Worker's Compensation Check		
	Physical		
	TB Testing or other appropriate screening		
	Vaccination; Influenza if during flu season*		
	Employment eligibility documents (I9)		

* Unless a valid exemption exists (see influenza vaccination policy)

***Store all medical records, vaccination records, drug screens, and other medically related documents in the employee's secured MEDICAL file, separate from the personnel record