

Community Pride Care Center

"Caring Is From Our Hearts"

CPCC

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all necessary information. This application will be kept on file for 60 days. Answer all questions completely, sign and date where indicated. Please print.

NAME _____ SOC SEC# _____

ADDRESS _____ CITY _____

TELEPHONE _____
Primary _____ Message or Work _____

EMAIL ADDRESS _____

Are you between the ages of 16 and 70? _____

Do you have a legal right to be employed in the United States? _____ If yes, proof is required.

Have you previously worked for CPCC _____ If yes, when _____

If you were referred for employment by a current employee, please indicate _____
newspaper ad; walk-in or other _____

Have you ever been convicted of a violation of law applicable to this position, other than a minor traffic violation? _____ If yes, please explain: _____

NOTE: A conviction record is not an automatic bar to employment

POSITION APPLYING FOR: (List in order of preference)

1. _____ 2. _____

3. _____ 4. _____

THIS APPLICATION IS FOR: Full Time ___ Part Time ___ PRN ___

Shift Preferred: (List in order of preference)

1. _____ 2. _____ 3. _____

Date available for work _____ MINIMUM SALARY REQUIRED: _____

PERSONAL REFERENCES:

(Other than family members or previous employers who have knowledge of your skills and abilities in the area for which you have applied)

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

EDUCATIONAL BACKGROUND

(Circle highest level completed)

GRAMMER SCHOOL 5 6 7 8 VOCATIONAL TRAINING _____

HIGH SCHOOL 9 10 11 12 GRADUATE DEGREE _____

COLLEGE 1 2 3 4 TRAINING IN WHAT FIELD _____

NAME OF LAST SCHOOL ATTENDED _____

LICENSES HELD: _____

(List type and number)

PREVIOUS EMPLOYERS AND THEIR ADDRESSES:

Place an X by the employer(s) you do not want us to contact. List the most recent employer first.

COMPANY NAME _____ PHONE _____

ADDRESS _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____ LAST WAGE _____

REASON FOR LEAVING _____

JOB DUTIES _____

COMPANY NAME _____ PHONE _____

ADDRESS _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____ LAST WAGE _____

REASON FOR LEAVING _____

JOB DUTIES _____

COMPANY NAME _____ PHONE _____

ADDRESS _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____ LAST WAGE _____

REASON FOR LEAVING _____

JOB DUTIES _____

PLEASE READ AND SIGN BELOW

I certify and agree as follows:

That evidence of false statements on this application will be considered sufficient cause for immediate disqualification as a candidate for employment or immediate discharge if already employed.

That, if employed, I am employed on an at-will basis and may be terminated at any time either by me or my employer, with or without cause.

I understand that if hired, and it is suspected that I am under the influence of alcohol or drugs while in the facility, I will be required to obtain either a blood or urine test with grounds for immediate termination in the case of positive results.

If selected for hire, I will obtain a pre-employment physical paid for by Community Pride Care Center. The physician and cost must have prior approval from the Administrator of the facility and the physician must certify that I am able to work before I actually begin employment.

If my job requires certification and/or education requirements, I am willing to complete the course and testing in a timely manner.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I understand that Community Pride Care Center is an Equal Opportunity Employer. All qualified persons are welcome to submit applications for employment. Applicants will be selected solely on qualifications without regard to age, sex, race, color, religion or national origin. I understand that a portion, or all, of my references will be checked and I authorize Community Pride Care Center to contact them.

I authorize my previous employers to release information regarding my employment, including evaluations.

I authorize Community Pride Care Center to release specific employment information to places where I have filed an employment application whether during or after my employment at Community Pride Care Center.

Signature _____ Date _____

This application remains in effect for 60 days.

Skilled Nursing Facility • Assisted Living Facility

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