

Mt. Carmel Assisted Living Application for Employment

Employees of **Mt. Carmel Assisted Living** and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, and age.

Position applied for: _____ Social Security #: _____

Full Legal Name: _____
Last First Middle

Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Education

Circle Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed: _____

If you did not complete high school, do you have a high school equivalency diploma? _____ Yes _____ No

List below all post-secondary schools, colleges, trade/vocational schools or other additional education:

Name and Location of Institution	Degree Received

Work History

Starting with the most recent, describe A: paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities, which best demonstrates your qualifications for this position. Use additional pages if needed for additional space.

May we contact your current employer? __ Yes __ No

<p>(1) Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Type of Business _____</p> <p>Immediate Supervisor _____</p> <p>Title _____</p> <p>Salary (Start) _____ (Finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p>Full Time _____ Part-Time _____</p>	<p>Duties _____</p> <p>_____</p> <p>_____</p> <p># of employees supervised: _____</p> <p>Equipment/Software Used: _____</p> <p>_____</p> <p>Your name at time of employment (if different from present:) _____</p>
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Name: _____

Social Security Number: _____

(2) Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (Start) _____ (Finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full Time _____ Part-Time _____

Duties _____

of employees supervised: _____
Equipment/Software Used: _____

Your name at time of employment
(if different from present:) _____

(3) Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (Start) _____ (Finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full Time _____ Part-Time _____

Duties _____

of employees supervised: _____
Equipment/Software Used: _____

Your name at time of employment
(if different from present:) _____

(4) Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (Start) _____ (Finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full Time _____ Part-Time _____

Duties _____

of employees supervised: _____
Equipment/Software Used: _____

Your name at time of employment
(if different from present:) _____

Licenses (to include driver's license), certificates, or other authorization to practice a trade or professional:

Type	License Number	Expiration Date	Granted by (licensing board)

References

List names, phone #'s, and relationships of three persons not relate to you who know your qualifications: (must have current phone#)

Name	Phone	Relationship

Miscellaneous

Check which shift you prefer: Day___ Evening___ Night___ Rotating___ Any___
Check which job status you would accept: Full-Time___ Part-Time___ PRN___

(Any notations in this section are not guaranteed upon hire)

For purpose of compliance with the Immigration Reform and Control Act, are you eligible for employment in the United States?
___ Yes ___ No Under the Immigration Reform and Control act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you become employed.

Have you ever been convicted of any violation(s) of the law including moving traffic violations? ___ Yes ___ No

If YES, you MUST provide the following:

Description of offense: _____
Statute of ordinance (if known): _____ Date of Charge: _____
Date of Conviction: _____ County, City, and State of conviction: _____
(For additional convictions, please use a separate sheet of paper, include all information listed above.)

When will you be able to start work? _____

Certification

Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that *all information on this application is subject to verification and I consent to a criminal history background check and the contact of my personal and work references* regarding this application. I further authorize this facility to rely upon and use, as it sees fit, any information received from such contacts. Information obtained on this application may be disseminated to other agencies, non-governmental organizations, or systems on a need to know basis for good cause shown as determined by the facility. I understand that I may be subject to drug testing at any time.

Date: _____ Applicant Signature: _____

Consent To Release Prior Employment Information

Arkansas Act 1474 of 1999, the Quality Hiring Act, enables employers to receive accurate and reliable job performance information about applications. Under the act, the current or former employers will be immune from any civil liability for either the disclosure of employment history, or any consequences that arise from the disclosure of employment history; unless generally the employee can prove that the information disclosed was false and the employer knew it was false.

The following information may be disclosed about a current or former employee's employment history to a prospective employer of a current or former employee upon receipt of written consent from the current or former employee:

- Date and duration of employment;
- Current pay rate and wage history;
- Job description and duties;
- The last written performance evaluation prepared prior to the date of this request;
- Attendance information and history;
- Results of drug and alcohol tests administered within one (1) year prior to this request;
- Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation;
- Whether the employee is eligible for re-hire.

I, _____, hereby give consent to any and all employers of mine to provide information with regard to my employment and with prior employers to give information regarding information regarding my past employment. This consent is valid for six (6) months after the date of this signed consent.

Social Security # _____

Signature of Applicant _____

Date _____