



Elm Crest Manor
Providing Quality Skilled Care Since 1969
100 Elm Ave.
New Salem, North Dakota 58563

EMPLOYMENT APPLICATION

Date: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ SOCIAL SECURITY # _____

ARE YOU 16 YEARS OF AGE OR OLDER? _____ YES _____ NO

POSITION APPLIED FOR: _____

SHIFTS YOU CAN WORK: _____ DAY _____ EVENING _____ NIGHT _____ ANY

HOURS DESIRED: _____ FULL TIME _____ PART TIME

ARE YOU AVAILABLE TO WORK WEEKENDS: _____ YES _____ NO

HAVE YOU EVER WORKED FOR ELM CREST BEFORE: _____ YES _____ NO

WHEN: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

HAVE YOU BEEN CONVICTED OF A FELONY OR HAVE FELONY CHARGES PENDING?

_____ YES _____ NO

HAVE YOU HAD CONVICTIONS FOR MISTREATMENT, NEGLECT OR ABUSE OF RESIDENTS,
OR MISAPPROPRIATIONS OF PROPERTY: _____ YES _____ NO

IF YOU ANSWER IS YES PLEASE EXPLAIN:

REFERRED BY: _____

EDUCATION:

HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 (PLEASE CIRCLE)

COLLEGE 1 2 3 4

OTHER EDUCATION: _____

CNA Certified _____ YES _____ NO License # _____

LPN License# _____ RN License # _____

EMPLOYMENT HISTORY/PERSONAL REFERENCE (IF NO PRIOR EMPLOYEMENT)

COMPANY NAME _____ DATES EMPLOYED
FROM _____ TO: _____

ADDRESS _____ PHONE: _____

POSITION/TITLE _____ IMMEDIATE SUPERVISOR NAME AND TITLE

JOB DESCRIPTION & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT FOR REFERENCE: _____ YES _____ NO

COMPANY NAME _____ DATES EMPLOYED
FROM _____ TO: _____

ADDRESS _____ PHONE: _____

POSITION/TITLE _____ IMMEDIATE SUPERVISOR NAME AND TITLE

JOB DESCRIPTION & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT FOR REFERENCE: _____ YES _____ NO

COMPANY NAME _____ DATES EMPLOYED
FROM _____ TO: _____

ADDRESS _____ PHONE: _____

POSITION/TITLE _____ IMMEDIATE SUPERVISOR NAME AND TITLE

JOB DESCRIPTION & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT FOR REFERENCE: _____ YES _____ NO

<p>OFFICE USE ONLY REFERENCE CHECKED: _____ DATE: _____ COMMENTS: _____ _____</p>

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the employment physical examination, after a conditional offer of employment and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any statement-statement or omission of fact appearing on the application form.

If employed, I will be required to complete an employment verification form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Date

Applicant's Signature

DO NOT ANSWER QUESTIONS IN THIS AREA – TO BE COMPLETED AFTER EMPLOYED.

Date of Birth _____ Marital Status _____

Notify in case of Emergency: (name, address, telephone)

ABUSE REGISTRY CHECKED:

DATE: _____

COMMENTS: _____

SIGNATURE: _____