

CORDELL CHRISTIAN HOME
CORDELL, OK

APPLICATION FOR EMPLOYMENT

We appreciate your interest in our nursing home 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.

Please answer all questions. Incomplete applications will not be considered.

PLEASE PRINT CLEARLY.

PERSONAL INFORMATION

Date of Application _____

Name _____

Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____ Email _____

Are you known by any other name? _____ If Yes, give name _____

Have you ever applied here before? _____ Date _____ Have you been employed here before? _____ Dates _____

Are you a citizen of the United States? _____ If not, do you possess an Alien Registration Card? _____

Can you provide two forms of ID, including a photo ID? _____ Do any of your friends or relatives work here? _____ If yes, give names _____

Have you been convicted of a felony or released from prison within the last 7 years? If yes, describe in full including dates.

EMPLOYMENT DESIRED

If you would like to apply for the position of a Certified Medication or Nurse's Aide, please ask for the state mandated application.

Check the following fields you are interested in.

_____ R.N.	_____ L.P.N	_____ Kitchen Aide	_____ Activities
_____ Transportation Aide	_____ Cook	_____ Social Services	_____ Office
_____ Laundry Aide	_____ Maintenance	_____ Housekeeping	_____ Other _____

Mark the following that you are willing to and available to work:

FULL TIME _____	PART TIME _____	WEEKENDS _____
2-10 SHIFT _____	6-2 SHIFT _____	10-6 SHIFT _____

How soon are you available to work? _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. Use additional pages if necessary.

Employer	Dates		Work Performed
	From	To	
Address City State Phone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name (First, Last)			
Reason For Leaving			

Employer	Dates		Work Performed
	From	To	
Address City State Phone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name (First, Last)			
Reason For Leaving			

Employer	Dates		Work Performed
	From	To	
Address City State Phone			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor Name (First, Last)			
Reason For Leaving			

Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION

Name of Institution (High School, Technical School, College)	Type of Studies	Years Completed/Diplomas/ Degrees
Name City State		
Name City State		
Name City State		
If you are a nurse or certified, please give your registration number.:		State:

List trade or professional organizations of which you are a member, including offices held.

CONTACT INFORMATION

Please list three references who are not related to you and you have known for at least one year.

Name	Address	Phone Number

In case of an emergency, please contact:

Name	Address	Phone Number

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby agree to a physical examination and other medical tests that may be required by the Cordell Christian Home. I also understand that my position, my department, my work hours and schedule are subject to change as the needs of the Cordell Christian Home may require.

I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as it may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand employment will begin with a 90 day probationary period. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations established by the Board of Directors and the Administrator of the Cordell Christian Home.

Signature_____ Date_____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.