

CEDARS OF CHAPEL HILL CLUB, INC. APPLICATION FOR EMPLOYMENT

In order to be considered for employment the **entire form must be completed.** Print clearly and **complete all sections as noted; illegible or incomplete applications will not be processed.** If more space is needed to complete any question, use an extra sheet of paper.

Providing false or misleading information, or failing to give any information herein requested on this form or in an interview is **grounds for denial or immediate termination of employment.**

I attest that I have read and understood the information above. Furthermore, I attest that I will provide true, accurate, and complete information. I understand that any false statements or omissions on this form may be grounds for disqualification of employment or, if discovered after employment begins, could result in disciplinary action up to and including termination of employment.

Applicant Signature: _____

Date: _____

CEDARS OF CHAPEL HILL CLUB, INC. APPLICATION FOR EMPLOYMENT

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. **Please complete the entire form.** If more space is needed to complete any question, use an extra sheet of paper. **Print clearly and complete all sections as noted; illegible or incomplete applications will not be processed.**

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, national origin, citizenship, genetic information or veteran status. The Cedars will conduct a drug test and criminal background check on all who are offered a position. This application will receive consideration for ninety (90) days. If you have not heard from us within ninety days and wish to received further consideration for employment, please submit a new application.

| | | | |
|--|--|---|---|
| First Name | Middle Name | Last Name | Telephone Number |
| Street Address | | City | State Zip |
| Position(s) you are applying for. | | Date Available | Minimum Salary Desired |
| Email Address | Have you applied for a position with us before? If yes, please give dates and positions applied for | | |
| Have you ever been employed by us? Yes or No? | Dates of Employment | Position(s) | Name used if different from the one given on this application |
| Do you have any relatives employed by us? Yes or No? | If yes, name(s) of relatives employed by us. | If yes, list the department(s) and position(s). | Relationship to You. Please note the Cedars will not hire an immediate family member of a current employee. |
| High School | Location | Did you graduate? | Are you 18 years or older? |
| College | Location | Did you graduate? | Major Subject |
| Trade School | Location | Did you graduate? | Major Subject |
| Are you legally eligible for employment in the U.S.? | If RN or LPN, provide license number. | | If CNA, provide license number. |

Please indicate days and hours you are available to work. Be specific.

| | | | | | | |
|--------|---------|-----------|----------|--------|----------|--------|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| | | | | | | |

List employment starting with your most recent job during the last 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary.

| | | |
|---------------------|---|--------------------|
| Employer | Dates Employed (month and year) Start Date and Ending Date | Position |
| Street Address | City State Zip | Duties |
| Telephone Number(s) | Starting Salary Ending Salary | Reason for Leaving |
| Supervisor Name | Supervisor Phone Number | |
| Employer | Dates Employed (month and year) Start Date and Ending Date | Position |
| Street Address | City State Zip | Duties |
| Telephone Number(s) | Starting Salary Ending Salary | Reason for Leaving |
| Supervisor Name | Supervisor Phone Number | |
| Employer | Dates Employed (month and year) Start Date and Ending Date | Position |
| Street Address | City State Zip | Duties |
| Telephone Number(s) | Starting Salary Ending Salary | Reason for Leaving |
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| Telephone Number(s) | Starting Salary Ending Salary | Reason for Leaving |
| Supervisor Name | Supervisor Phone Number | |

| | | |
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| Street Address | City State Zip | Duties |
| Telephone Number(s) | Starting Salary Ending Salary | Reason for Leaving |
| Supervisor Name | Supervisor Phone Number | |

List any professional groups, trade groups or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying:

List experience from your military service that would be relevant to the job(s) for which you are applying:

Have you ever been convicted or plead guilty of a crime other than a minor traffic violation?
 Yes No If yes, please explain. A conviction does not necessarily preclude consideration from employment. Do not reveal sealed and expunged convictions.

I first heard about this employment opportunity through: **(mark ONLY ONE)**

| | | | |
|--------------------------|--|--------------------------|-------------------|
| <input type="checkbox"/> | Cedars Website | <input type="checkbox"/> | Open House |
| <input type="checkbox"/> | Job Posting; name of site: _____ | <input type="checkbox"/> | Radio Advertising |
| <input type="checkbox"/> | Schools/Colleges | <input type="checkbox"/> | Walk-in |
| <input type="checkbox"/> | Employee Referral; Name of Employee: _____ | <input type="checkbox"/> | Other: |

Answer these questions **only** if you have received a copy of the job description or had the requirements of the job thoroughly explained to you:

| | | |
|--|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you been given a job description or had the requirements of the job explained to you? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you understand the requirements? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can you perform the requirements of this job with or without reasonable accommodation? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If the job requires, do you have the appropriate valid driver's license? |
| Driver License Number _____ Type _____ State of Issuance _____ | | |
| Signature _____ Date _____ | | |

I UNDERSTAND:

-that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

-that giving false or misleading information, or failing to give any information herein requested on this form or in an interview is grounds for denial or immediate termination of employment.

-that The Cedars will not consider an immediate family member of a current employee for employment. "Immediate family" includes a current employee's spouse, domestic partner, sibling, parent, parent-in-law, child and grandparent. By signing below, I certify I do not have an immediate family member employed with The Cedars of Chapel Hill Club, Inc.

-that I may be required to complete a medical history form if offered a position, and may be required to be examined by a medical professional designated by The Cedars of Chapel Hill Club, Inc.

-that if I sustain any injury or illness in the employment of The Cedars of Chapel Hill Club, Inc., I agree that The Cedars of Chapel Hill Club, Inc. shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to The Cedars of Chapel Hill Club, Inc. full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

AUTHORIZATION TO RELEASE INFORMATION

If I am given a conditional offer of employment, I authorize Cedars of Chapel Hill Club to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of Cedars of Chapel Hill. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

I understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature: _____ **Date:** _____