



Misericordia  
Nursing & Rehabilitation Center

# APPLICATION FOR EMPLOYMENT

(Please Print)

## AN EQUAL OPPORTUNITY EMPLOYER

Name \_\_\_\_\_ Application Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

How long have you been at this address? \_\_\_\_\_ years \_\_\_\_\_ months  
 If less than two (2) years, list previous address \_\_\_\_\_ how long \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_ Email is an effective way to communicate with me  Yes  No

Position(s) applied for \_\_\_\_\_ **F/T** **P/T** Date Available \_\_\_\_\_

Are you a U.S. Citizen? **YES** **NO** If **NO**, are you legal to work in U.S.? **YES** **NO**

Are you 18 years of age or older? **YES** **NO** If **NO**, you must have a work permit.

Have you previously worked here? \_\_\_\_\_ If **YES**, when? \_\_\_\_\_

Please list names of all other health care facilities you have worked for:

### EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did You Graduate?	List Diploma or Degree
Middle School					
High School					
College					
Other (Specify)					

List Below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From	To	Starting Wages	Ending Wages	Wages are per: (circle one)	Name of Supervisor
					hour / week ./ year	
	Job Title/Duties:					
Telephone	Reason for Leaving:					

Name and Address of Company and Type of Business	From	To	Starting Wages	Ending Wages	Wages are per: (circle one)	Name of Supervisor
					hour / week ./ year	
	Job Title/Duties:					
Telephone	Reason for Leaving:					

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					hour / week ./ year	
	Job Title/Duties:					
Telephone	Reason for Leaving:					

**If you need additional space, please continue on a separate sheet of paper.**

If currently employed, when may we contact your present employer? \_\_\_\_\_

**PROFESSIONAL LICENSES / CERTIFICATIONS**

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER

**If you need more space, please continue on the next page under "Additional Information"**

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experiences. (Application should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

Do you have any relatives working here? **YES NO** If **YES**, please list: \_\_\_\_\_

Are you able to work any shift? **YES NO** If **NO**, what shift can you work? \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Have you been convicted of a crime, excluding minor traffic violations, which has not been annulled or expunged by a court or officially pardoned? **YES** **NO**

If **YES**, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If you need more space, continue under "Additional Information".

Are you currently or have you ever been listed on a registry or database generated by any Federal, State, or Local Government Agency for the purpose of identifying individuals prohibited from employment with a healthcare provider? **YES** **NO**

If **YES**, please provide a detailed description of the reason(s) for being listed and the name of the Government Agency involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You will be given a written job description listing the essential job functions of the position(s) for which you have applied. When given, please review the job description and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied? **YES** **NO**

If **NO**, list the function(s) you are unable to perform and explain why you are unable to perform them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List the name and telephone number of three business/work reference who are *NOT* related to and who are *NOT* previous supervisors. If not applicable, list three school or personal references who are *NOT* related to you.

NAME	TELEPHONE	YEARS KNOWN

## ADDITIONAL INFORMATION

List any special accomplishments, awards, or any additional information you would like us to consider:

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## IMPORTANT!

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical, disabilities, veterans, or any other protected status. We also comply with all laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**We are a Drug Free Workplace. All applicants will be required to have a Drug Test prior to start date. Employment is conditional on results of testing.**

## APPLICANT'S AGREEMENT AND CERTIFICATION

### PLEASE READ BEFORE SIGNING

I hereby certify that the information set forth on the above application is true and complete to the best of my knowledge. I understand that if employed, false statements made in this application shall be sufficient cause for termination. I hereby authorize all my previous employers, educators, or other sources listed on this application to furnish any information concerning my employment record, educational accomplishments, or validity of licenses or certifications. I understand that Federal Law requires me to verify my eligibility for employment and provide acceptable documentation of my identity and right to work; and, that I cannot be hired or begin employment until my documentation has been reviewed and checked.

I understand that it is the policy of the Center to require a Criminal History and Employment Background Check as a condition of employment. This includes clearance through the Pennsylvania State Police using Record Check Form SP4-164 and former employer references; and, for applicants who have not resided in Pennsylvania for the two years prior to the application or who currently live in another State, a report from the FBI using the FBI Fingerprint Card (Form FD-258) criminal history check process. I further understand that if the results of this Check are unfavorable, any offer of employment made shall be withdrawn; or, if I have started working before the results of the Check are available, my employment will be terminated. I further understand that while, under controlling Federal regulations, the Center cannot employ anyone who has been found guilty by a court of law of abusing, neglecting or mistreating nursing facility residents or who has had a finding entered into a State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of resident property, the Center shall also withdraw any offer of employment or terminate my employment based on any other results of the Check that the Center determines are unfavorable, which may include convictions of other criminal offenses. I further understand that the Center will not employ or continue to employ any individual excluded from Federal health care programs by any Federal or State agency and that all applicants for employment and employees are screened by the Center against Federal and State exclusion databases.

I understand that I will be required to undergo screenings for substance abuse (drugs) as a condition of my employment. I understand that such drug screening will consist of the testing of a urine sample to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test will be performed on the same specimen. If the results of the second test are positive, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment.

I understand that this application is not a contract, offer, or promise of employment and that, if hired, I will be able to resign at any time and for any reason. Likewise, I understand the Center can terminate my employment at any time with or without cause.

I understand that this application is good for one year from today's date. If I still desire a position with the Center after this application expires, it will be necessary and my responsibility to fill out a new application.

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APPLICANT'S SIGNATURE

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DATE



Misericordia Nursing & Rehabilitation Center

JOB APPLICANT'S AGREEMENT AND AUTHORIZATION  
FOR RELEASE OF INFORMATION

I \_\_\_\_\_, hereby give my permission to Misericordia Convalescent Home d.b.a. Misericordia Nursing & Rehabilitation Center (hereinafter, "the Home") to conduct reference checks with former employers, educational institutions, business or personal references, or any other persons I have listed on my application, to certify the information I have given on my application to be true and complete.

I understand that the Home will check my references and background, and that whether or not I am considered for a position depends on the results of this check. I further agree and understand that if employed, the Home at any time, may seek any information from whatever source which in its discretion is deemed relevant to my employment.

I also authorize any of my prior employers, educators, references, or any other persons listed on my application to answer any questions about my ability, my character, my reputation, and my previous employment record.

I hereby release the Home, its agents, its officers, directors, employees, previous employers, as well as any other persons whatsoever involved in such investigation or inquire, from all liability of any kind, including any damages on account of the furnishing of such information.

I have carefully read this document and fully understand it before signing.

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Applicant's Signature

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Date

# Misericordia Nursing & Rehabilitation Center

## DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, disability or any other legal protected status.

As an employer, we comply with government regulations, including affirmative action responsibilities where they apply.

This Data Record will be physically separate from the remainder of your employment application before the application is considered for possible employment.

Your cooperation is **VOLUNTARY**

Date: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

How were you referred to Misericordia Nursing & Rehabilitation Center?

\_\_\_\_\_ Newspaper (please list the newspaper \_\_\_\_\_)

\_\_\_\_\_ **Circle** - Relative or Friend - Misericordia Employee? \_\_\_ yes \_\_\_ no)

\_\_\_\_\_  
(Please list name of Relative or Friend)

\_\_\_\_\_ Agency (please list the agency \_\_\_\_\_)

\_\_\_\_\_ Other (please explain \_\_\_\_\_)

Personal Information:

Please check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Please check one: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native

Please check all that may apply:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Disabled Person