

Application for Employment

Golden Empire Nursing & Rehab Center
121 Dorsey Drive
Grass Valley, California 95945

Equal access to programs, services and employment is available to all persons, Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____/_____/_____

Name _____

Address _____ Last _____ First _____ Middle _____

Street _____ City _____ State _____ Zip Code _____

Telephone # (____) _____ Mobile/Beeper/Other phone # (____) _____

Birthplace _____ Social Security # _____-_____-_____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

State name and relationship of any relatives in our employ _____

Have you every been employed here before? Yes No

List other states in which you have been employed: _____

Are you legally eligible for employment in this country? Yes No

U.S. Military or Naval Service? Yes No Drivers Lic.: State _____ No. _____

Exp.date: ____/____/____

Date available for work _____ Type of employment desired? Full-time Part-time Temporary

Are you available for any shift Yes No

Have you used illegal drugs within the past three (3) weeks? Yes No

If yes, which illegal drugs did you use? _____

When did you use each of these drugs? _____

Are you able to perform the duties of the position for which you are applying, including regular attendance, with or without a "reasonable accommodation", please contact the Administrator.. . . . Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you worked providing nursing services at least one day for pay during the past two years? Yes No

Have you been convicted by any court of a crime, other than a minor traffic violation? Yes No

Have you been previously cleared of prior convictions by the Department of Health Services? Yes No

Have you been convicted by any court of a crime since your last renewal? Yes No

If yes to any of the above information, please explain: _____

Conviction will **not** necessarily be a bar to employment.

Education

| SCHOOL | NAME & LOCATION | Graduated | | Major subject | GPA |
|-----------------|-----------------|-----------|----|---------------|-----|
| | | Yes | No | | |
| Grammar school | | | | | |
| High School | | | | | |
| College | | | | | |
| Other (specify) | | | | | |

Subjects of special study or research work: _____

Special training: _____

Activities: (civic, athletic, etc)--exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color or national origin of its members.

Employment History/ PROVIDE LAST TEN YEARS OF EMPLOYMENT

| Date (month and year) | Name, Address of Past Employers | Phone Number | Salary | Position | Reason for leaving |
|--------------------------|------------------------------------|-----------------|--------|----------|-----------------------|
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |

References: give the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Business | Yrs. known |
|------|---------|----------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

You have the right to view and/or request a copy of any public information obtained during the reference check process.

I waive my rights to the above statement []

In case of emergency, notify: _____

Address: _____ **Phone:** _____

I understand and acknowledge the following:

1. I understand that any offer of employment will be conditioned on my passing a medical examination, including drug and/or alcohol testing and that a positive drug and/or alcohol test will result in rejection of my employment application and withdrawal of the conditional offer of employment.
2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
3. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when, how, or in what context discovered to be false or omitted, may result in my immediate dismissal.
4. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.
5. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period. I understand and agree that my employment may be terminated by Golden Empire Nursing & Rehab Center at any time, with or without cause, and with or without notice, at my option or the option of Golden Empire Nursing & Rehab Center.
6. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through four (4) above. I understand that the foregoing conditions may only be altered or amended by a written agreement signed by the Administrator.

Signed: _____ Date: _____

Applicant - Do not write below this line

| | | |
|---|--|--|
| Registry verification: (circle) R.N. L.V.N. C.N.A. | Case pending Yes <input type="checkbox"/> No <input type="checkbox"/> | Verified by: _____ |
| Current? Yes <input type="checkbox"/> No <input type="checkbox"/> Active? Yes <input type="checkbox"/> No <input type="checkbox"/> | Expiration Date: _____ | Registry verification number: _____ Date of verification: _____ |