

# APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

Please print in ink and answer all questions completely.

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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## PERSONAL

LAST NAME	FIRST	INITIAL	SOC. SEC. NO.	HOME PHONE ( )
STREET ADDRESS	APT#	CITY	STATE	ZIP
EMAIL ADDRESS:				WORK PHONE ( )
DO YOU HAVE RELATIVES WORKING FOR THE COMPANY <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAMES:				CELL PHONE ( )
ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:			HOW WERE YOU REFERRED TO THE COMPANY HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES			ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO WORK ON WEEKENDS? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES	
FOR DRIVING JOBS ONLY: DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE #, STATE AND EXP. DATE:				
IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:				
AVAILABILITY TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME / NUMBER OF HOURS: TEMPORARY / AVAILABLE THROUGH:				
CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)				
ARE YOU 18 OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SCHOOL	LOCATION	CIRCLE GRADE/YEARS COMPLETED	UNIT CREDITS	DEGREE EARNED	MAJOR
HIGH SCHOOL		9 10 11 12		GRADUATED <input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE		1 2			
COLLEGE		1 2 3 4			
BUSINESS OR TRADE SCHOOL. LIST PROFESSIONAL DESIGNATIONS:		1 2 3 4			

## MILITARY (To Be Completed By Both Male And Female)

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:	IF YES, GIVE DATES FROM: TO:	FINAL RANK:
RELEVANT SKILLS ACQUIRED:		

## SKILLS (Check Any Of The Following Skills You Possess)

LIST ANY FOREIGN LANGUAGES YOU KNOW: _____ _____ _____	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY: <input type="checkbox"/> OFFICE 2007 <input type="checkbox"/> OFFICE 2003 <input type="checkbox"/> GOLDMINE <input type="checkbox"/> MAS 90 <input type="checkbox"/> WINDOWS XP <input type="checkbox"/> WINDOWS VISTA <input type="checkbox"/> QUICKBOOKS <input type="checkbox"/> ORACLE <input type="checkbox"/> PEOPLESFT OTHER
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## ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED). <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN IN DETAIL AS TO TIME, NATURE, NUMBER AND DISPOSITION OF CONVICTION(S):	
(NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION(S) APPLIED FOR MAY, HOWEVER, BE CONSIDERED.)	
HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAME(S) YOU USED:	
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES	
HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> NO <input type="checkbox"/> YES	HAVE YOU EVER BEEN REFUSED BONDING? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, WHAT TYPE AND REASON:
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? <input type="checkbox"/> NO <input type="checkbox"/> YES	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:	
(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND SKILL AND AGILITY TESTS.)	

AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

EMPLOYMENT HISTORY			
LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, USE THE SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.			
FIRM (please start with most recent position)		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year) From: To:		BASE SALARY Starting \$ Ending \$	FULL-TIME <input type="checkbox"/> REASON FOR LEAVING: PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year) From: To:		BASE SALARY Starting \$ Ending \$	FULL-TIME <input type="checkbox"/> REASON FOR LEAVING: PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year) From: To:		BASE SALARY Starting \$ Ending \$	FULL-TIME <input type="checkbox"/> REASON FOR LEAVING: PART-TIME <input type="checkbox"/>
FIRM		(may we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes)	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year) From: To:		BASE SALARY Starting \$ Ending \$	FULL-TIME <input type="checkbox"/> REASON FOR LEAVING: PART-TIME <input type="checkbox"/>
REFERENCES			
LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.			
NAME AND OCCUPATION	ADDRESS	TELEPHONE #	YEARS KNOWN

INITIAL

#### AFFIDAVIT

\_\_\_\_\_ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

\_\_\_\_\_ I am aware that a more detailed investigation concerning background and credit may also be conducted, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

\_\_\_\_\_ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the company. I understand that the company can change benefits, policies and conditions at any time.

\_\_\_\_\_ I understand that any and all disputes regarding my employment with the company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION**  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT)  
**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by BackTrack Background Screening LLC, 216 River Ave, Lakewood, NJ 08701, Phone: 732-987-3908, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by BackTrack Background Screening LLC, 216 River Ave, Lakewood, NJ 08701, Phone: 732-987-3908, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [ ]

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law. [ ]

I understand that by signing my name below I am authorizing BackTrack Background Screening LLC to conduct the background check(s) described above. I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check by calling BackTrack Background Screening LLC at Phone: 732-987-3908.

Signature: \_\_\_\_\_

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

**APPLICANT: Please print:**

**EMPLOYER:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: XXX – XX – \_\_\_\_\_

## Licensed Nurse Skills Assessment Pre-Employment Quiz

*Not being able to answer all of these questions correctly will not necessarily eliminate you from the hiring process.*

1. Write a brief summary of a Licensed Nurse's responsibilities.  

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2. A nursing assistant reports to you that Mr. Smith has a rectal temperature of 102 ° F. As a Charge Nurse what will you do?  

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3. A resident complains to you about the poor service he is receiving in the facility. What do you do? [select the best answer]
  - a. Tell the resident we are short of staff today.
  - b. Tell the resident that other residents don't complain.
  - c. Find out the specific nature of their complaint.
  - d. Report the complaint to the Administrator.
4. Exactness and kindness in the admission of residents to the facility are important because? [select the best answer]
  - a. The resident is alone.
  - b. First impressions are most lasting.
  - c. The resident knows what should be done.
  - d. The physician has ordered the staff to be kind.
5. A common term for CVA (cerebro vascular accident) is:
  - a. Diabetes
  - b. Seizure
  - c. Heart attack
  - d. Stroke
6. A resident has experienced a "change in condition". How often and how long should you chart?  

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7. You have just heard someone page "Code Blue" in room 9. You are currently passing your meds and are behind schedule. What will you do?  

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\_\_\_\_\_

8. What are the important factors to be considered when caring for a resident with an NG tube?

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\_\_\_\_\_

9. How often do you expect your nursing assistants to do incontinent care?

\_\_\_\_\_

\_\_\_\_\_

10. The facility is having their annual inspection (state survey). The surveyor informs you that he/she would like to observe you during your treatment rounds. What are some important things to remember?

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\_\_\_\_\_

\_\_\_\_\_

11. What would you do if you asked a nursing assistant to do something for a resident and he/she refused?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What would you do if you discovered a nursing assistant performing care with no privacy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. It is the weekend and you are very short of staff today. As you are busy with your own duties, a man comes into the facility. He wants to know about the quality of care his mother would receive in the home. You should:

- a. Talk with him and tell him whatever he wants to hear.
- b. Explain that you are short of staff today and do not have the time to talk.
- c. Explain that you are very busy and ask him to speak with the office on Monday.
- d. Answer the questions as honestly as you can.

14. You have just finished your assigned tasks for the day and it will be 45 minutes before your shift ends. A new nurse seems to be having trouble and will not finish

her tasks by the end of the shift. You should:

- a. Give the nurse advice on how to work faster and supervise her as she completes her own tasks.
- b. Ask your supervisor what you should do.
- c. Help the new nurse by doing some of her tasks.
- d. Do nothing unless you are specifically asked.
- e. Ask the new nurse if she would like some help.

15. You have come to dislike your work. It seems that every little thing goes wrong and you get no satisfaction from your work. You should:

- a. Quit and find other employment
- b. Complain about the problems you are having until something is done to correct them.
- c. Talk with the other nurses about your feelings.
- d. Talk to your supervisor about your feelings.
- e. Say nothing and do your job.

16. If you saw a nursing assistant slap a resident on the face, what would you do?

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17. During your med pass, a resident has refused his Lasix for the second consecutive day. What do you do?

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18. Are you IV certified? What past work experience have you had with IV therapy?

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Name \_\_\_\_\_

Date \_\_\_\_\_

\*Office use only\*

ROSEVILLE POINT HEALTH & WELLNESS CENTER

REFERENCE CHECK

EMPLOYEE NAME: \_\_\_\_\_

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

Person and Company Contacted: \_\_\_\_\_  
\_\_\_\_\_

Overall Response: \_\_\_\_\_  
\_\_\_\_\_

Attendance Problems? (circle one)      YES      NO

Eligible For Rehire? (circle one)      YES      NO

Contacted By: \_\_\_\_\_

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

Person and Company Contacted: \_\_\_\_\_  
\_\_\_\_\_

Overall Response: \_\_\_\_\_  
\_\_\_\_\_

Attendance Problems? (circle one)      YES      NO

Eligible For Rehire? (circle one)      YES      NO

Contacted By: \_\_\_\_\_