

**Application for Employment**  
**Hillside Manor Healthcare and Rehab Center**  
 1265 McLaran Avenue, St Louis, MO 63147

**This facility is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran's status.**

Date of Application: \_\_\_\_\_ Date Available to Begin Work: \_\_\_\_\_

\*Applications are only good for 30 days only. Consideration for employment after 30 days requires a new application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last First Middle Initial

Present Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street City/State Zip Code

Employment Desired		
Position/Job	Shift/Hours	Rate of Pay

Full Time      Have you ever worked     Yes     No  
 Part Time      here before?  
 PRN/As Needed      **If Yes, when?** \_\_\_\_\_

Are you under 18 years of age?     Yes     No      Are you legally eligible to work in the U.S.?     Yes     No

List any friends or relatives already working here: \_\_\_\_\_  
 Name Relationship

**Education and Training**

Select Highest Grade Completed 8 9 10 11 12 13 14 15 16 17 18

	Name	City/State	Dates		Degree Awarded
			From	To	
High School					<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.
College or Vocational					
Other:					

**Licensure(s):**  
 RN     LPN     Other: \_\_\_\_\_

State	License#	Expiration

Has any professional license ever been disciplined?     Yes     No     N/A  
 If Yes, explain in comments section

Were you in the U.S. Armed Forces?     Yes     No      Dates of Service: \_\_\_\_\_ to \_\_\_\_\_  
 Did you receive an Honorable Discharge?     Yes     No      Branch of Service: \_\_\_\_\_

**Other**     CPR Certified    Exp Date: \_\_\_\_\_     IV Certified     Insulin Certified     Other: \_\_\_\_\_  
**Training**     EMR    Type: \_\_\_\_\_     Software    Describe: \_\_\_\_\_

JOB-RELATED COMMENTS including other special skills, memberships in professional associations, awards, licensures, registrations, etc.

**Employment History:**

List employers in reverse order starting with your most recent. Include U.S. Military Service

<b>Employer 1</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 2</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 3</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 4</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____
<b>Employer 5</b>	
Name: _____	Position(s) Held: _____
Address: _____	Dates of Employment: _____ to _____
City/State/Zip: _____	Ending Pay Rate: _____
Supervisor: _____ Phone #: _____	Reason for Leaving: _____

\*\*If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

If any employment was under a different name, please indicate name(s): \_\_\_\_\_

May we contact the employers listed above?  Yes  No If no, list which one(s) you do not wish us to contact \_\_\_\_\_

Explain any gaps of greater than one month in your work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No If yes, explain: \_\_\_\_\_

Except for minor traffic violations, have you ever been convicted of a crime?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been excluded from working due to findings of abuse, neglect, theft, fraud or another other disqualifying condition?  Yes  No If yes, explain: \_\_\_\_\_

\*A criminal conviction or prior history of an exclusion will not necessarily prevent you from being hired

**References:**

**Professional:** Include at least two if possible

**Personal:** Include at least one if possible

Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____
Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____	Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Hillside Manor Healthcare and Rehab Center to hire me. If I am hired, I understand that either Hillside Manor Healthcare and Rehab Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Hillside Manor Healthcare and Rehab Center has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Hillside Manor Healthcare and Rehab Center true and complete information on this application. No requested information has been concealed. I authorize Hillside Manor Healthcare and Rehab Center and its authorized agents to verify any job-related information provided in connection with this application and release Hillside Manor Healthcare and Rehab Center and any persons, companies or corporations from liability or responsibility for the information obtained. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. If employed, I understand that I will be required to provide proof of eligibility to work within three days of hire or risk being dismissed.

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

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

Office Use Only

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

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

Interview Notes:

**Pre-Employment Review**

Reference Verification

Date Completed	Time	Name or Agency Contacted	Comments

Other Verifications \*Attach copies of all screen shots of online verifications when appropriate

Date Completed	Item	Initials	Comments
	Licensure check		
	Healthcare Registry, EDL, FCSR, etc.		
	OIG Exclusion List		
	System for Award Management		
	Sex Offender Registry		
	Certification Check; insulin, IV cert, etc.		
	Other:		
	Other:		

**Hiring Decision:**

Hired:  Yes  No      Position: \_\_\_\_\_      Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_

Date of Conditional Offer: \_\_\_\_\_      Expected Start Date: \_\_\_\_\_

**Post Employment Review:** \*Complete only upon the acceptance of a conditional job-offer

Date Completed	Item	Initials	Comments
	Criminal Background Check		
	Drug Screening		
	Motor Vehicle Record Check if Applicable		
	Medical Review Questionnaire		
	Worker's Compensation Check		
	Physical		
	TB Testing or other appropriate screening		
	Vaccination; Influenza if during flu season*		
	Employment eligibility documents (I9)		

\* Unless a valid exemption exists (see influenza vaccination policy)

\*\*\*Store all medical records, vaccination records, drug screens, and other medically related documents in the employee's secured MEDICAL file, separate from the personnel record