

DENTON REHABILITATION AND NURSING CENTER

APPLICATION FOR EMPLOYMENT

Denton Rehabilitation and Nursing Center provides equal employment opportunities without regard to race, color, religion, sex, national origin, age, veteran status or any other reason protected by law.

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Check position applied for:

___ Therapy _____ ___ Certified Nurse Aide ___ Dietary Aide ___ Dietary Cook
___ Housekeeping ___ Laundry ___ LVN / GVN (Circle One) ___ Maintenance
___ Nurse Aide Training ___ RN ___ Other (specify) _____

Shift preferred: _____

Available Start Date: _____

How did you learn of this job opening? (Check one)

☐ Employee Referral ☐ Newspaper ☐ Walk-in ☐ Career-builder ☐ College, Trade School ☐ Other (Explain) _____
Name _____

PERSONAL DATA

Last Name				First Name		Middle Name		Telephone Number	
Present Street Address				City		State		Zip Code	
Email Address									
Social Security Number				Are you 18 years of age or older?				Yes ☐ No ☐	

GENERAL

Were you ever employed here? No ☐ Yes ☐ If yes, when? _____

Have you ever applied here before? No ☐ Yes ☐ If yes, when? _____

If you answered "yes" to either of the above questions, under what name were you employed or made application for employment? _____

Have you ever been convicted, or plead guilty or no contest to a crime involving the abuse, neglect, or mistreatment of an individual? ☐ Yes ☐ No (If yes, list below)

Have you ever been convicted, or plead guilty or no contest to any other felony or misdemeanor (except routine traffic violations)? A conviction will not necessarily disqualify you. ☐ Yes ☐ No (If yes, list below)

Important: For purposes of employment with DRNC "convictions" include: confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

Offense(s) Date County Disposition

EDUCATION

		Highest Grade Completed	Graduation Date
High School (or date GED completed)			
City		State	
College or University			
City		State	
College Major:			
Degree:			
Additional Educational and/or Vocational or Technical training Information:		Courses Taken	Did You Complete?
School			
City:	State:		
School			
City:	State:		

SPECIAL QUALIFICATIONS

Typing Speed	Shorthand Speed	Computer	Dictaphone	PBX	Medical Terms

** Office Use Only **

Administrator license #	State	Expiration date	Date Checked	Verified by
RN license #	State	Expiration date	Date Checked	Verified by
LVN/LPN license #	State	Expiration date	Date Checked	Verified by
Other license(s) or certification(s) #	State	Expiration date	Date Checked	Verified by

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and **ANY PERIOD OF UNEMPLOYMENT**. If self-employed, give firm names and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:		Supervisor:	
Reason for leaving:				
Duties:				
Explain any gap in employment:				

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:		Supervisor:	
Reason for leaving:				
Duties:				
Explain any gap in employment:				

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:		Supervisor:	
Reason for leaving:				
Duties:				
Explain any gap in employment:				

Name of most recent employer:			Telephone:	
Address		City;	State;	Zip;
Job title:		Dates of employment: from (mo./yr.)		to: (mo./yr.)
Starting pay:	Ending pay:		Supervisor:	
Reason for leaving:				
Duties:				
Explain any gap in employment:				

Is any additional information relative to change of name, use of assumed name, nickname or maiden name necessary to enable us to check your work record?

If so, list: _____

May we contact your present employer? Yes ☐ No ☐

Have you ever been fired from a job or asked to resign? Yes ☐ No ☐

Are you now or do you expect to be engaged in any other business or employment? Yes ☐ No ☐

If yes, please explain: _____

In case of emergency notify family/friend: _____
Name (Relationship) Phone Number

In case of emergency notify doctor: _____
Name Phone Number

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AGREEMENT

I certify that the statements made on this application are correct and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.

I authorize Denton Rehabilitation and Nursing Center to conduct a reference check, which includes former employers, law enforcement agencies, and licensing agencies so that a hiring decision may be made. I understand that employment is conditioned upon positive responses from my references and a satisfactory criminal background check. Former employers named on this application are authorized to give information about me and I release them from all liability for giving such information.

I understand that, if employed, my status is that of an employee at will. I am free to terminate my employment at any time and I have no contractual right, expressed or implied, to remain in the employ of Denton Rehabilitation and Nursing Center.

I agree to immediately notify Denton Rehabilitation and Nursing Center if I am 1) convicted of, 2) receive deferred adjudication in, or 3) otherwise plead guilty or no contest to a felony or any crime not considered a routine traffic violation, while my application is pending or during my period of employment if hired.

Finally, I understand that all company property must be returned and any indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final pay check(s) all money due and owing to the company.

Signature:

Date:

COMPANY USE ONLY

DO NOT WRITE BELOW THIS LINE

Interviewed by:

For (position):

Date:

Remarks:

Employment Start Date:

Position/department:

Starting pay:

This employer is subject to Section 503 and 504 of the Rehabilitation Act of 1973.