



Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, disability, veteran status, or any other legally protected status.

THE LISNER-LOUISE-DICKSON-HURT HOME

A long-term healthcare community for residents of the District of Columbia

APPLICATION FOR EMPLOYMENT

Please answer all questions. Please PRINT.

PERSONAL INFORMATION

Last Name	First	Middle	Date of Application
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Current Street Address	Home Telephone ()
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City, State, Zip Code	Business Telephone ()
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Have you ever applied for employment with us?
__ Yes __ No If yes, when? _____ Position _____
Have you ever worked here before?
__ Yes __ No If yes, when? _____ Position _____

Position Applying For	Date You Can Start
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Are you a citizen of the United States?
__ Yes __ No If no, are you legally eligible to work in the United States? __ Yes __ No

(IF YOU ARE NOT A UNITED STATES CITIZEN AND YOU ARE NOT LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES, YOU CANNOT BE EMPLOYED AT THE LISNER-LOUISE-DICKSON-HURT HOME.)

Please provide any professional license or certification numbers if applicable to the position for which you are applying

License or Certification Number _____

Issued By Whom? _____

Place of Issuance _____

Date of Last Renewal _____

Has your license or certification ever been suspended or revoked by any state? __ Yes __ No

The Home operates on a 7 days-a-week, 24 hours-a-day schedule. It may be necessary for you to work any shift as well as weekends and holidays. Are you available to meet these requirements, as needed?

__ Yes __ No If no, please explain _____

Please indicate below in your order of preference, with "1" being your first choice and "3" being your last choice, which shift(s) you prefer to work:

Day Shift (7:00 a.m. – 3:30 p.m.) _____

Evening Shift (3:00 p.m. – 11:30 p.m.) _____

Night Shift (11:00 p.m. – 7: 30 a.m.) _____

Are you available for full-time employment? __ Yes __ No

Are you available for part-time employment? __ Yes __ No

Are you available for temporary or seasonal (summer only) employment? __ Yes __ No

Are you available for on-call employment? __ Yes __ No

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YRS. COMPLETED	DEGREE OR DIPLOMA?
GRADUATE				
COLLEGE				
HIGH SCHOOL				

EMPLOYMENT HISTORY

Please give an accurate and complete employment history. Be sure to include any relevant volunteer experience you may have had. Start with your current or most recent employer.

1. Company Name	Telephone ()
Address	Employed (mm/yyyy) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____ _____	Reason for Leaving

2. Company Name	Telephone ()
Address	Employed (mm/yyyy) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____ _____	Reason for Leaving

3. Company Name	Telephone ()
Address	Employed (mm/yyyy) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____ _____ _____ _____ _____	Reason for Leaving

4. Company Name	Telephone Number ()
Address	Employed (mm/yyyy) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____

Job Title/Description of Duties _____	Reason for Leaving

We may contact any or all of the employers listed above unless you indicate those you **DO NOT** want us to contact: Employer/Company Number(s) _____ Reasons _____

Please account for any periods of time during your work history when you were unemployed: _____

Are any of your relatives currently working for us? Yes No
 If yes, please list their names: _____

Are you over 18 years of age? Yes No
 If no, can you submit a work permit? Yes No
IF YOU CANNOT PRODUCE A VALID WORK PERMIT AND YOU ARE UNDER 18 YEARS OF AGE, YOU CANNOT WORK AT THE LISNER-LOUISE-DICKSON-HURT HOME.

Self Certification:

Under DC law, no licensed long-term care facility may employ any individual who has within the past 7 years, been convicted of any of the following offenses in any state or territory of the United States where that individual has worked or lived.

- . murder, attempted murder, or manslaughter
- . arson
- . assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm
- . burglary
- . robbery
- . kidnapping
- . theft, fraud, forgery, extortion, or blackmail
- . illegal use or possession of a firearm
- . rape, sexual assault, sexual battery, or sexual abuse
- . child abuse or cruelty to children
- . unlawful distribution or possession with intent to distribute a controlled substance

All candidates must submit to a criminal background check, scrutiny via the Office of Inspector General's List of Excluded, National Sex Offenders registry, a review of nurse aide and professional nurse registries, and verification of licensure status prior to employment.

Have you ever been convicted of a criminal offense? Yes No
 If yes, please explain below:

AGREEMENT: PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW

The information provided in this application for employment is true, correct, and complete to the best of my knowledge. If you employ me, I understand that false or misleading information given in my application or interview(s) may result in discharge and that my first 90 days of employment will be introductory, with the possibility of extension at the Home's discretion. In consideration of my employment, I agree to conform to the rules and regulations of the Lisner-Louise-Dickson-Hurt Home and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Home or myself. I also understand that nothing appearing in the Home's employee handbook or any other publication changes this "at-will" relationship.

I authorize you to make such investigations and inquiries of my personal employment history from my past employers as may be necessary in arriving at an employment decision. I hereby release employers, schools, or other individuals from all liability in responding to inquiries in connection with my application for employment.

Signature of Applicant

Date

NOTE: Your application will be considered active for 30 calendar days. After that time, if you continue to have interest in employment with the Lisner-Louise-Dickson-Hurt Home, you may be required to submit another application.

FOR EMPLOYER'S USE ONLY

REFERENCE CHECKS

Person Contacted	Date	Results

For Nursing Department applicants only, have years of experience been verified? (YES) (NO) If verified, how many years of experience as a CNA, LPN, or RN does the applicant have? _____ years

INTERVIEW RESULTS

Interviewer's Signature
Revised April 2013

Date
