

## APPLICATION FOR EMPLOYMENT FOR PRESBYTERIAN MANORS/ABERDEEN HEIGHTS

The way you want to live.™



Please print clearly and complete Sections I through VII, if applicable. Additional information such as resumes and copies of certificates, licenses and/or reference letters may be attached.

Name \_\_\_\_\_ Current Date \_\_\_\_\_  
                   LAST                                  FIRST                                  MIDDLE                                  MONTH    DAY    YEAR

### SECTION I - EDUCATION

Circle highest grade completed:  1  2  3  4  5  6  7  8  9  10  11  12  
 Have you passed the G.E.D. Exam?  Yes  No      Date Received \_\_\_\_\_      Issued By \_\_\_\_\_

SCHOOL	NAME OF SCHOOL	CITY	STATE	GRADUATED		MAJOR FIELD OF STUDY
				YES	NO	
High School				<input type="radio"/>	<input type="radio"/>	
College				<input type="radio"/>	<input type="radio"/>	
Graduate School				<input type="radio"/>	<input type="radio"/>	
School of Nursing				<input type="radio"/>	<input type="radio"/>	
Technical/Trade				<input type="radio"/>	<input type="radio"/>	
U.S. Military	Branch: _____			Discharge Status: _____		
Are you currently attending school? <input type="radio"/> Yes <input type="radio"/> No      Anticipated Graduation Date _____						

### SECTION II - EMPLOYMENT HISTORY (If additional space is required, provide attachment.)

List your employment history starting with your present or most recent employer. If applicable, list volunteer or non-paid service.				REASON FOR LEAVING	LAST NAME AT TIME OF EMPLOYMENT
COMPANY NAME & ADDRESS	PHONE NUMBER	DATES (Month/Year)	TITLE & BRIEF DESCRIPTION OF DUTIES		
		From:                      To:			
		Supervisor:			
		From:                      To:			
		Supervisor:			
		From:                      To:			
		Supervisor:			
		From:                      To:			
		Supervisor:			

### SECTION III - REFERENCES

NAME (Please do not use relatives or former employers.)	PHONE NUMBER	BUSINESS	ADDRESS	YEARS KNOWN

**SECTION IV - CREDENTIALS**

If you are applying for a position that requires a registration, license or certificate, complete the following:

Type \_\_\_\_\_ Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_

License No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**SECTION V - WORK HOURS**

Job applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Weekends:  Yes  No Holidays:  Yes  No

Hours preferred:  Days  Evenings  Nights  Other hours: \_\_\_\_\_

Full Time  Part Time  Regular  Temporary  PRN

Rate of pay desired: \$ \_\_\_\_\_ Date available \_\_\_\_\_

**SECTION VI (Some of the information contained in this section is required by federal law.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Other \_\_\_\_\_

Social Security Number \_\_\_\_\_

- Have you ever been convicted for violation of any federal, state, county or municipal law, regulation or ordinance? (Do not include minor traffic violations. A conviction record will not necessarily be a bar to employment, and factors such as age at time of the offense, the seriousness and nature of the violation and the applicant's rehabilitation will be considered in the hiring decision.)  Yes  No
- If yes, give date and the reason: \_\_\_\_\_
- Have you ever been employed by PMMA?  Yes  No
- If yes, give dates employed: \_\_\_\_\_ Position held: \_\_\_\_\_
- If employed under another name, state that name: \_\_\_\_\_
- Are you forbidden by the immigration laws of the United States to accept employment in the United States?  Yes  No
- Are you a Vietnam veteran?  Yes  No
- Referral source \_\_\_\_\_
- Name and relationship of relatives currently employed by PMMA: \_\_\_\_\_

**SECTION VII**

**Presbyterian Manors of Mid-America (PMM A) is an equal opportunity employer** subscribing to the principles of Equal Employment Opportunity. PMMA has adopted an Affirmative Action Program to ensure that all applicants are considered for employment without unlawful discrimination based on race, color, religion, national origin, age, sex, disability, marital status or ancestry. To protect the interests of all concerned, all applicants must pass a physical examination before they are hired.

In compliance with the Federal Immigration Reform and Control Act of 1986, all individuals who have been hired must complete an employment eligibility form (Form I-9) and produce required documentation prior to employment.

**Employment Agreement - Read Before Signing the Application**

I authorize any educational institution and my former employers to provide any information they may have regarding me whether or not it is on their records. I hereby release them, their employees and PMMA from all liability for any damage whatsoever for providing or obtaining this information.

I certify that the information in this application is complete and correct to the best of my knowledge. I understand that PMMA shall not be liable if my employment is terminated because of false statements, answers or omissions made by me in this application.

I understand that if employed by PMMA, I will be paid in accordance with the Fair Labor Standards Act.

I understand that working hours and assignments may be changed at any time, as necessitated by staffing and workload requirements.

I agree to conform to the rules and regulations of Presbyterian Manors of Mid-America 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 either PMMA or myself.

I understand that no management representative of PMMA has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

**SIGNATURE** \_\_\_\_\_

(Note: This application will be considered active for 60 days. If you are not employed within this period and are still interested in employment, please contact this office and request that your application be reactivated.)

**FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE. RETURN APPLICATION TO THE DEPARTMENT OF HUMAN RESOURCES.**

AA Code Screened By \_\_\_\_\_ Date \_\_\_\_\_ Activity \_\_\_\_\_

**EMPLOYMENT INFORMATION**

New Hire  Regular  Full Time Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Rehire  PRN  Part Time Department \_\_\_\_\_ Shift \_\_\_\_\_ Starting Date \_\_\_\_\_

Temporary through \_\_\_\_\_ Hours Per Pay Period \_\_\_\_\_  40  Exempt Approved By \_\_\_\_\_