

APPLICATION FOR EMPLOYMENT

Confidential

(Please Print Clearly)

Personal Information			Date of Application _____	Date Available _____
Name _____			Social Security Number _____	
Last	First	Middle		
Present Address _____			Phone Number _____	
Street	City	State	Zip Code	
Permanent Address (if Different than Present Address) _____			Phone Number _____	
Street	City	State	Zip Code	
If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____				

Employment Desired			Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No How Did You Learn Of This Opening? _____
Type of Work Desired	Shift	Salary	
First Choice			
Second Choice			
Third Choice			

Education	Circle Highest Grade Completed	9	10	11	12	Scholastic Honors Received _____
		13	14	15	16	

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____/_____/_____ Date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____/_____/_____ Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____/_____/_____ Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____/_____/_____ Date	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____/_____/_____
Month Day Year To _____/_____/_____
Month Day Year Rank at Discharge _____

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last First Middle Initial

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____
Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____

Notify In Case of Emergency:
Name _____ Relationship _____

Street _____ City _____ State _____ Zip Code _____ Telephone _____

What Language(s) (Other than English) Do You Speak? _____

This Page For Institution and Interviewers' Use Only

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use		
Hired _____	For what department _____	Position _____
Salary _____	per Year Month Hour	Starting Date _____

MORNINGSIDE CENTER

660.317.5 AN APPLICANT FOR A POSITION THAT HAS CONTACT WITH PATIENTS OR RESIDENTS OF MORNINGSIDE CENTER SHALL:

1. SIGN A CONSENT FORM AS REQUIRED BY SECTION 43.540 RSMO, SO MORNINGSIDE CENTER MAY REQUEST A CRIMINAL RECORD REVIEW.
2. DISCLOSE THE APPLICANT'S CRIMINAL HISTORY. CRIMINAL HISTORY INCLUDES ANY CONVICTIONS OR A PLEA OF GUILTY TO A MISDEMEANOR OR FELONY CHARGE AND SHALL INCLUDE ANY SUSPENDED IMPOSITION OF SENTENCE, ANY SUSPENDED EXECUTION OF SENTENCE, OR ANY PERIOD OF PROBATION OR PAROLE; AND
3. DISCLOSE IF THE APPLICANT IS LISTED ON THE EMPLOYEE DISQUALIFICATION LIST AS PROVIDED IN SECTION 660.315.

I HAVE READ AND UNDERSTAND THE ABOVE QUALIFICATIONS FOR APPLICANTS AS REQUIRED REGARDING CRIMINAL RECORD REVIEW.

Signature

Date

*****For Office Use Only*****

Disqualification list checked by phone & list _____ Initial & date

Criminal background checked _____ Initial & date

Nurse Registry checked _____ Initial & date

Family Care Safety Registry filed & checked _____ Initial & date

CNA Registry checked (ALL Employees for Federal Indicator) _____ Initial & date



MORNINGSIDE CENTER

NURSING HOME AND ASSISTED LIVING APARTMENTS

LIVINGSTON COUNTY NURSING HOME DISTRICT, 1700 MORNINGSIDE DRIVE, CHILLICOTHE, MO (660) 646-0170
FAX (660) 646-0173

It's a way of life!

You are applying for an Employment-at-Will position. Nothing in this application is intended to represent a contract for or a guarantee of employment. This application does not constitute a contract. No statements or representations by any representative of the Center shall be construed to confer a guarantee of employment for any period of time unless said representation is in writing and signed by the administrator and is approved by the Board of Directors of Morningside Center. The management and Board of Directors at Morningside Center reserve the right to extend or terminate employment at anytime, for any reason, within the bounds of Federal and State employment regulations.

I understand that if I am employed I will not have a contract for, nor a guarantee of employment but will be governed by the Employment-at-Will doctrine. I understand that no statements or representations made to me by any representative of Morningside Center shall be construed to infer a guarantee of employment for any period of time unless said representation is in writing and signed by the administrator and has been approved by the Board of Directors of Morningside Center. I further understand that the management and/or the Board reserves the right to extend or terminate my employment at anytime, for any reason, within the bounds of Federal and State employment regulations.

Signature

Date



MORNINGSIDE CENTER NURSING HOME AND ASSISTED LIVING APARTMENTS

1700 Morningside Drive, Chillicothe, MO 64601

APPLICANT'S (FOR EMPLOYMENT)

WAIVER OF LIABILITY AND RELEASE FORM

READ CAREFULLY BEFORE SIGNING:

In order to permit Morningside Center Nursing Home and Assisted Living Apartments to make a thorough investigation of my background, criminal record (adult or juvenile), health, family, personal habits and reputation for employment with said entity, I _____ hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons who shall furnish any information or opinions regarding my background, criminal record (adult or juvenile), health, family, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by Morningside Center Nursing Home and Assisted Living Apartments, its officers, agents, or employees to release and transmit to such officers, agents or employees, any information, data, or opinions they may have regarding my background, criminal record (adult or juvenile) health, family, personal entities contacted by Morningside Center Nursing Home and Assisted Living Apartments any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: Attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action Morningside Center Nursing Home and Assisted Living Apartments, the Livingston County Nursing Home District, their officers, agents and employees, for any statements, acts or omissions in the course of their investigation into my backgrounds, criminal record, (adult or juvenile), family, personal habits, and reputation.

I further realize that it may be necessary for Morningside Center Nursing Home and Assisted Living Apartments to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with Morningside Center Nursing Home and Assisted Living Apartments, expressly waive all of my legal rights and causes of action to the extent that the Morningside Center Nursing Home and Assisted Living Apartments investigation (for purpose of evaluating my suitability or application for employment) may violate or infringe upon those aforementioned legal rights and causes of action of mine.

This release from liability given by me to Morningside Center Nursing Home and Assisted Living Apartments, the Board of Directors of Livingston County Nursing Home District, their officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives.

READ CAREFULLY BEFORE SIGNING

SIGNATURE _____ DATE _____