

GOLDEN VILLA NURSING AND REHAB

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This facility does not discriminate on the basis of race, color, religion, national origin, or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, or citizenship in admission or access to or treatment or employment in its programs and activities. This facility will coordinate efforts to comply with all agencies enforced by EEOC.

Date: _____

Name: _____ Social Security No. _____
 Last First Middle

Address: _____ Tel. No. () _____

City _____ State _____ Zip Code _____ Alternate Tel. No. () _____

Position(s) applied for: _____ Salary Desired _____

Are you applying for: Full-Time Part-Time As Needed Summer Employment

If seeking part-time work, specify the number of days per week _____

How soon will be available for employment? _____

Shift preference (check one)	If preferred shift unavailable, will you work?	If required, will you work?
Day _____	Day Yes ____ No ____	Saturday Yes ____ No ____
Evening _____	Evening Yes ____ No ____	Sunday Yes ____ No ____
Night _____	Night Yes ____ No ____	Holidays Yes ____ No ____
		Rotating Shifts Yes ____ No ____

Are you either a U.S. Citizen or an Alien who has the legal right to work in the job(s) for which you are applying? Yes ____ No ____

Are you 16 or older? Yes ____ No ____

Have you ever been convicted of any felony other than a minor traffic violation? Yes ____ No ____

A felony conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of felony and your subsequent rehabilitation. _____

Have you ever been disciplined for resident abuse? Yes ____ No ____

Have you ever been disciplined for child abuse? Yes ____ No ____

Do you have relatives or friends employed at this company? Yes ____ No ____ Name _____

Have you ever been employed by this company? Yes ____ No ____

If yes, dates, position, and department employed. _____

Have you ever applied at this company before? Yes ____ No ____ When _____

How were you referred? Newspaper Ad ____ Friend/Relative ____ Job Fair ____ Employee ____

Facebook ____ Rehire ____ Other ____

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Beginning with your current or last employer, list the last four positions of employment held by date		
Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After offer of employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
Duties		
Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After offer of employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
Duties		
Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After offer of employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
Duties		

Granting and continued employment is conditioned upon receipt of favorable references.

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D.O.B. _____

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, _____ have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and D.O.B information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$24.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.
(This copy must remain of file by your agency. Required for future DPS Audits)

X

Signature of Applicant or Employee

Date

Golden Villa
Agency Name

Pamela Allen
Agency Representative Name

X

Signature of Agency Representative

Date

Agency Use

Please check and Initial each Applicable Space

CCH Report Printed:

Yes ___ No ___ _____ Initial

Purpose of CCH: _____

Hire ___ Not Hired ___ _____ Initial

Date Printed _____ Initial

Destroyed Date: _____ Initial

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Record of Education				
School	Name and Address	Course of Study	Circle Last Year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4	
			5 6 7 8	
Other				

Language Skills: (Other than English)

Please identify other languages that you speak _____,
 Write _____ Read _____, Including sign language _____.
 Area of specialization or major interest _____,
 Typing approximate WPM _____, Shorthand: Approx. WPM _____
 Word Processing: Yes No
 What word processing equipment are you familiar with? _____
 List business, hospital, or industrial equipment operated _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you:
 Currently Registered No. _____ Licensed No. _____
 Certified No. _____
 Eligible Registration Licensure Certification

IF LICENSED, REGISTERED, OR CERTIFIED

Type _____
 No. _____
 State Issued _____
 Date Issued _____
 Expiration _____

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REFERENCES

(PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. REFERENCES SHOULD INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANIZATIONS, ETC. **NOT** FRIENDS, RELATIVES, OR CLERGY.)

NAME:
ADDRESS:
TELEPHONE:
RELATIONSHIP:

NAME:
ADDRESS:
TELEPHONE:
RELATIONSHIP:

NAME:
ADDRESS:
TELEPHONE:
RELATIONSHIP:

REFERENCE VERIFICATION

PHONE MAIL PHONE MAIL PHONE MAIL

DATE MAILED/CALLED: _____
BY WHOM: _____
DATE MAILED/CALLED: _____
BY WHOM: _____
DATE MAILED/CALLED: _____
BY WHOM: _____

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RECORD INFORMATION RELEASE TO WHOM IT MAY CONCERN:

I have applied to Golden Villa Nursing and Rehab for employment. To enable Golden Villa Nursing and Rehab to properly evaluate my qualifications, I request and authorize you to release and furnish to Golden Villa Nursing and Rehab any and all information in your records or files, or within your knowledge, concerning my present and/or past employment with you.

I authorize all persons, schools, current employer, previous employers, and organizations named in this application or provided by me to the facility to provide this facility with any relevant information that may be requested by the facility. I also hereby release all parties seeking and providing information's release, disclosure, maintenance, or use.

X

Signature of applicant

Printed name of applicant

Social Security Number

Date

Other name(s) while employed

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In consideration of my employment I agree to conform to all of the rules and regulations of this facility and I agree 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 this facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no representative of this facility, other than its Administrator, 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.

I certify that I have read and understand the foregoing paragraphs, I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

As a condition of employment, I hereby consent to testing for drug and alcohol use, as determined to be appropriate by management, either before being hired or at any time during my employment with this facility.

Date

X

Signature

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

Date of birth:

Maiden Name (if applicable):

Person to notify in case of emergency:

Relationship:

Address

City

State

Telephone Number

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