

+

**APPLICATION FOR EMPLOYMENT at MACON COUNTY NURSING HOME DISTRICT
LOCH HAVEN'S SENIOR LIVING COMMUNITY**

PO BOX 187, MACON, MO 63552 --PH: 660-385-3113 -- website: www.lochhaven.com

- EQUAL OPPORTUNITY EMPLOYER ---

NO ONE WITH FELONY CONVICTION HIRED --- PRE-EMPLOYMENT DRUG SCREENING REQUIRED

(APPLICATIONS COMPLETED IN ENTIRETY ARE KEPT ON ACTIVE FILE 45 DAYS)

PLEASE PRINT

DATE: _____ **POSITION APPLIED FOR:** _____

NAME
LAST _____ **FIRST** _____ **MIDDLE** _____

ADDRESS:
STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____

TELEPHONE # _____ **Cell ph:** _____ **Email** _____

SOCIAL SECURITY # _____

____ YES ____ NO **HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO YOU ARE NOT ELIGIBLE FOR
EMPLOYMENT HERE**

____ YES ____ NO **IF UNDER 18 YRS OLD, CAN YOU PROVIDE REQUIRED PROOF OF ELIGIBILITY TO WORK?**

____ YES ____ NO **ARE YOU CURRENTLY EMPLOYED?**

____ YES ____ NO **MAY WE CONTACT YOUR PRESENT EMPLOYER?**

____ YES ____ NO **ARE YOU ON LAY OFF STATUS & SUBJECT TO RECALL?**

____ YES ____ NO **HAVE YOU BEEN EMPLOYED AT LOCH HAVEN IN THE PAST SEVEN YEARS?**

____ YES ____ NO **HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED HERE? If so when** _____

____ YES ____ NO **In accordance with the provisions of Missouri law (660.317.5) we must ask the following:
DO YOU HAVE A CRIMINAL RECORD HISTORY OR CHARGES PENDING IN ANY STATE?**

I HAVE LIVED IN THE FOLLOWING STATES: _____ **FOREIGN COUNTRIES:** _____

DATE YOU COULD START WORK _____ **If applying for CNA are you currently certified?** _____

AVAILABLE TO WORK: (All nursing positions require some weekend and holiday work.)

____ **FULL TIME** ____ **PART TIME** ____ **SPLIT SHIFTS**

____ **12hr Day shift** ____ **12 hr night** ____ **DAY SHIFT**

____ **EVE SHIFT** ____ **NIGHT SHIFT** ____ **WEEKENDS**

EMPLOYMENT EXPERIENCE ----- LIST MOST RECENT FIRST

1. EMPLOYER _____

ADDRESS _____

TELEPHONE _____ **LENGTH OF SERVICE** _____

STARTING WAGE _____ **ENDING WAGE** _____

WORK PERFORMED _____

SUPERVISOR _____ **REASON FOR LEAVING** _____

2. EMPLOYER _____
 ADDRESS _____
 TELEPHONE _____ LENGTH OF SERVICE _____
 STARTING WAGE _____ ENDING WAGE _____
 WORK PERFORMED _____
 SUPERVISOR _____ REASON FOR LEAVING _____

3. EMPLOYER _____
 ADDRESS _____
 TELEPHONE _____ LENGTH OF SERVICE _____
 STARTING WAGE _____ ENDING WAGE _____
 WORK PERFORMED _____
 SUPERVISOR _____ REASON FOR LEAVING _____

4. EMPLOYER _____
 ADDRESS _____
 TELEPHONE _____ LENGTH OF SERVICE _____
 STARTING WAGE _____ ENDING WAGE _____
 WORK PERFORMED _____
 SUPERVISOR _____ REASON FOR LEAVING _____

SUMMARIZE SPECIAL JOB RELATED SKILLS & QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

ARE YOU PHYSICALLY ABLE TO PERFORM DUTIES OF JOB FOR WHICH YOU ARE APPLYING? ____ YES ____ NO

IF REFERRED HERE BY A CURRENT EMPLOYEE WHO WAS THE PERSON? _____

PERSONAL REFERENCES -- LIST NAME, ADDRESS, AND TELEPHONE NUMBER OF TWO REFERENCES WHO ARE NOT RELATED TO YOU.

1. _____
 2. _____

EDUCATION

School name & location:

	ELEMENTARY	HIGH SCHOOL	COLLEGE/ TECH SCHOOL
--	------------	-------------	-------------------------

YEARS COMPLETED 8 9 - 10 - 11 - 12 1 - 2 -- 3 -4

If you are a CNA where were you trained _____ Who was your instructor? _____

EXTRA CURRICULAR ACTIVITIES: _____

HONORS RECEIVED: _____

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES & OFFICES HELD. YOU MAY EXCLUDE ANY WHICH MIGHT REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, OR HANDICAP OR OTHER PROTECTED STATUS:

APPLICANT'S STATEMENT

I CERTIFY THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ACKNOWLEDGE:

1. THIS IS A SMOKE FREE FACILITY APPLICANT INITIALS _____
2. THIS FACILITY HAS A STRICT ATTENDANCE POLICY. APPLICANT INITIALS _____
3. PRE-EMPLOYMENT DRUG SCREENING IS REQUIRED --- APPLICANT INITIALS _____
4. ANY TATTOOS MUST BE COVERED WHILE ON DUTY --- APPLICANT INITIALS _____
5. PIERCINGS MUST BE REMOVED OR COVERED WHILE ON DUTY - APPLICANT INITIALS _____

I authorize investigation all statements contained in this application for employment as may be necessary in arriving at an employee decision. In signing this application I acknowledge that I have received a **SUMMARY of my rights under the FAIR CREDIT REPORTING ACT.**

I UNDERSTAND THE EMPLOYER MUST CONDUCT A **CRIMINAL RECORD REVIEW AND AUTHORIZE RELEASE OF ANY CRIMINAL HISTORY RECORD IN MISSOURI AND OTHER STATES AND FOREIGN COUNTRIES.**

I understand the employer must determine if I am on the Department Of Health and Senior Services **EMPLOYEE DISQUALIFICATION LIST** and I consent to the release of all of my report on the **EMPLOYEE DISQUALIFICATION LIST** and **FAMILY CARE REGISTRY.**

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. .

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR USE OF BUSINESS OFFICE ONLY

Division of Aging Employee Disqualification List check (must be done before hiring)

(date) _____ (time) _____ Person contacted _____ at _____

573-522-2449 or 573-526-3633 by _____. Results: _____

Results of criminal background check (MISSOURI HWY PATROL THROUGH MO HEALTH CARE ASSOCIATION : _____
(ATTACH REPORT TO APPLICATION) must be received within 2 days of hiring

Verification of certification and/or licensure if applicable: (CNA registry: 573-526-5686)

Date _____ Report _____ From _____ by _____

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEWER _____ JOB TITLE _____ DATE _____

notes:

Days not available _____

COMPLETE ONLY AFTER OFFER OF EMPLOYMENT:

Hr. Rate _____ Start date : _____ Shift: DAY____EVE____NIGHT____ EXACT SHIFT _____

FULL TIME _____ PART TIME _____ Hrs/PP _____ Date of 1st resident contact _____

D.O. BIRTH _____ DEPT NAME _____ BENEFITS ____yes ____no

MARITAL STATUS _____ SPOUSE EMPLOYED: YES ____ NO ____

date _____

NURSING ADMINISTRATION/APPLIC

NEW EMPLOYEE INSTRUCTIONS ---- keep and read before coming to orientation

Employee name _____ You have been offered employment
at _____ per hour in the position of _____. Your shift will be
_____.

Date of general orientation _____ Hours 7a to 3p
conducted by Jean Magruder, Administrative Assistant. Dress casual.

Date of nursing orientation _____ Hours 8a to 4:30p -- by BJ Roberts, RN,
Assistant Director of Nursing. Dress in uniform for this day.

=====

TO BRING WITH YOU: (you cannot start employment without these items)

1. _____ **DRIVERS'S LICENSE OR PHOTO ID** (Macon License Bureau, 210 N. Rubey , 385-3416)
2. _____ **SOCIAL SECURITY CARD** Social Security Office, Moberly Phone:660-263-4200
3. _____ **BANKING INFORMATION** (deposit slip or blank check with account number & routing numbers). All employees are paid by direct deposit to savings or checking account. May be a joint account, but must have your name and social security number attached to it.

US BANK
WILL
PROVIDE
FREE
ACCOUNT

**Your must keep your bank account open after you are hired.
ANY CHANGES IN BANKING INFORMATION MUST BE
RECEIVED IN THE BUSINESS OFFICE BY THE FRIDAY BEFORE
THE END OF THE PAY PERIOD**

4. _____ **CNA, CMT, or nursing license if applicable**

We also encourage you to bring pencil and paper.

=====

**TO SCHEDULE: EMPLOYEE PHYSICAL & DRUG SCREENING --- will be paid for by Loch Haven
CONTACT MACON MEDICAL CLINIC --- DR. CAMPBELL OR DELINE --PHONE 660-385-3141
Have physical done by_____ If physical is not done by this date you cannot work.**

Drug screen appointment _____ (must be prior to first day of work)

CNA CLASS (IF APPLICABLE) START DATE:_____ Hours_____ Days of week_____
CNA class is at Macon Area Vocational School, Room 178. Must complete CNA class within
four months of date of hire. State & federal law requires that you will be terminated if you
do not complete the CNA class by (date) _____.

Lunch will be provided for the first orientation day. After that you are responsible to bring
your own meals. Iced tea and coffee are always available for staff at no charge.
If any problem arises contact Christy Riekeberg, RN, Director of Nursing or Jean Magruder
AT LOCH HAVEN -- 660-385-3113

Pre-employment drug testing procedure

1. Prospective employee (PE) must read and sign information. Any questions will be answered by facility staff prior to testing.
2. Refusal to test invalidates offer of employment.
3. PE must present the nurse conducting the test with a photo ID.
4. Nurse must confirm that it matches information on the application.
5. Urine specimen will be given in a private area and given directly to a licensed nurse.
6. Specimen will be immediately tested in the presence of the PE.
7. Results are confidential. If results are negative the PE proceeds with plans to attend orientation.
8. If results of the screening are positive the PE has the option of being taken to a certified laboratory for a re-testing by a chain of custody procedure.
9. If results are positive for any controlled substance the offer of employment is withdrawn. The PE may re-apply for a position at a later date.

Loch Haven pre-employment drug testing record

Name of prospective employee _____ Name of collector _____

Positive ID provided _____ Confirmed by comparison to application _____

Certification

I hereby agree to submit to a urinalysis for the purpose of testing for drug metabolites. This specimen provided is my own and has not been substituted or adulterated.

Donor signature date time

Collector signature date time

Time collected _____ Time interpreted _____ Witnessed _____

Drug name	symbol	negative	confirmed
Cocaine	COC	_____	_____
Marijuana	THC	_____	_____
Opiates	OPI	_____	_____
Benzodiazepines	BZO	_____	_____
Methamphetamine	MAMP	_____	_____