

Application for Employment at Macon County Nursing Home District

Loch Haven Senior Living Community

701 Sunset Hills Drive, Macon, Mo 63552 Phone 660-385-3113 Website www.lochhaven.com

Equal Opportunity Employer

Pre-employment Drug Screening required

(Applications completed in entirety are kept on active file for 45 days)

Please Print:

Date: _____ **Position applied for:** _____

Name:

Last _____ **First** _____ **Middle** _____

Address:

Street _____ **City** _____ **State** _____

Zip _____

Phone # _____ **Cell #** _____ **E-mail** _____

Social Security # _____

Position applying for: _____ **Date Available to start work** _____

Referral source: (Circle one that applies) **Advertisement, Friend, Relative, Walk-in,**
Employment agency, Radio, face book, other _____

Have you ever been convicted of a crime? Yes ___ No ___ (Pursuant to Missouri revised Statutes 660.317, all applicants are required to disclose their criminal history. Convictions will not necessarily disqualify applicant from employment.

If under 18 years old, can you provide required proof to work? Yes ___ No ___

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Have you ever filled out an application here before? Yes ___ No ___

Have you ever worked here before? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country? Yes ___ No ___

(If hired you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration reform and Control Act of 1986.)

List the states you have lived in: _____

List the foreign Countries you have lived in: _____

Available to work: Full-time (30-40 hrs./wk) ___ Full-time (30 hrs./wk) or part-time (20 hrs./wk or less) ___

Available to work: 12 hr. shifts ___ 8 hr. shifts ___ days ___ evenings ___ nights ___

Employment experience-List most recent first

1. Employer: _____

Address: _____ Phone #: _____

Length of service: ___ Starting wage: ___ Ending wage: ___

Supervisor: _____

Reason for leaving: _____

2. Employer: _____

Address: _____ Phone #: _____

Length of service: ___ Starting wage: ___ Ending wage: ___

Supervisor: _____

Reason for leaving: _____

3. Employer: _____ Phone # _____

Length of service: ___ Starting wage: ___ Ending wage: ___

Supervisor: _____

Reason for leaving: _____

Summarize special job related skills and qualifications acquired from previous employment or other experience:

Personal references: List name, address, and phone # of two persons who are not related to you.

- 1. _____
- 2. _____

Education

School name and location:

Elementary: _____ Years completed: _____

High school: _____ Years completed: _____

College/Tech school: _____ Years completed: _____

Are you a veteran? Yes___ No___ If yes what branch? _____

.....

This institution does not discriminate in hiring or any other decisions on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability to perform the work required. No question on this application is intended to secure information to be used for discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places the institution shall designate. I understand that the offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate relationship at any time without cause. I also understand that my employment may be terminated for all misstatements or omissions of facts appearing on this application form.

I understand that I am required to abide by all rules and regulations of Loch Haven.

Applicant Signature: _____ Date: _____

