



PIATT COUNTY NURSING HOME
MAPLE POINT SUPPORTIVE LIVING

Date: _____

LAST NAME

FIRST NAME

MIDDLE NAME

STREET

CITY

STATE

ZIP

PHONE NUMBER

Position Applied For:

Check one or more

- R.N.
- L.P.N.
- Nursing Assistant
- Social Services / Activity Dept.
- Dietary Dept.
- Housekeeping Dept.
- Maintenance Dept.
- Business Office
- Laundry
- Unit Assistant
- _____

Nursing Department Shift Preference:

Check one or more

- 6:00-2:30
- 2:00-10:30
- 10:00-6:30

I Will Accept:

- Full Time Employment Only
 - Part Time Employment Only
-
-

Professional License No. _____

Have you ever been convicted of a felony? No Yes Date: _____

If yes, describe charges: _____

When will you be available for work? _____

Do you have transportation to work? No Yes

Referred by: Help Wanted Ad Relative Friend
 Other _____ Employee _____

Were you previously employed by us? No Yes If yes, when: _____

Have you applied for employment at the Piatt County Nursing Home in the last 12 months?

No Yes If yes, give approximate date and position applied for:

RECORD OF EDUCATION

H I G H S C H O O L	NAME	D A T E	FROM	G R A D U A T E D	Yes <input type="checkbox"/>
	ADDRESS		THRU		No <input type="checkbox"/>
C O L L E G E	NAME	D A T E	FROM	G R A D U A T E D	Yes <input type="checkbox"/>
	ADDRESS		THRU		No <input type="checkbox"/>
	COURSE OF STUDY				
O T H E R	NAME	D A T E	FROM	G R A D U A T E D	Yes <input type="checkbox"/>
	ADDRESS		THRU		No <input type="checkbox"/>
	COURSE OF STUDY				

POST GRADUATE OR CONTINUING EDUCATION WORK

NAME	DESCRIBE
ADDRESS	

Do you have any experience, skills, and/or qualifications which you feel would especially fit you for work in the position for which you are applying?

EMPLOYMENT RECORD – Start with your present or last job.

May we contact your present employer? Yes No	EMPLOYED		Describe in detail the work you did.
EMPLOYER	From Mo/Yr	To Mo/Yr	
ADDRESS			
TELEPHONE NUMBER	SALARY		
YOUR TITLE		HR	
NAME/TITLE OF SUPERVISOR		WK	
REASON FOR LEAVING		MO	
EMPLOYER	EMPLOYED		Describe in detail the work you did.
ADDRESS	From Mo/Yr	To Mo/Yr	
TELEPHONE NUMBER	SALARY		
YOUR TITLE		HR	
NAME/TITLE OF SUPERVISOR		WK	
REASON FOR LEAVING		MO	
EMPLOYER	EMPLOYED		
ADDRESS	From Mo/Yr	To Mo/Yr	
TELEPHONE NUMBER	SALARY		
YOUR TITLE		HR	
NAME/TITLE OF SUPERVISOR		WK	
REASON FOR LEAVING		MO	

ADDITIONAL EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER	FROM	TO	JOB TITLE	REASON FOR LEAVING

PERSONAL REFERENCES – Do not include relatives or former employers.

NAME	ADDRESS	TELEPHONE NO.

Brief description of U.S. Military experience:

STATEMENT OF APPLICANT:

I hereby authorize the release of any employment data relevant to my employment with Piatt County Nursing Home for the purpose of employment investigation.

I authorize Piatt County Nursing Home to investigate my background in accordance with all state and federal rules regarding healthcare employment, and hereby release all persons from any liability due to furnishing such information.

I fully understand that if employed, any misrepresentation of facts on this application is sufficient cause for dismissal. Any offer of employment will be subject to my passing a medical examination and background check as required by the Personnel Policies of the Piatt County Nursing Home, and to satisfactory reference checks.

DATE

SIGNATURE

FOR DEPARTMENT HEAD / INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

DEPARTMENT HEAD USE

EMPLOYED: FULL TIME PART TIME TEMP

DEPARTMENT: _____ JOB TITLE: _____ WAGE RATE: _____

ORIENTATION SCHEDULE: _____ DATE OF EMPLOYMENT: _____

DATE

DEPARTMENT HEAD

It is the policy of the Piatt County Nursing Home to afford equal opportunity to all employees and applicants for employment regardless of race, color, religion, national origin, ancestry, age, sex, marital status, handicap, arrest record, or unfavorable discharge from military service.