



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

- 6a-6:30p
- 6p-6:30a

**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?

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**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:

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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.