

Employment Application

PERSONAL INFORMATION			
Date	Social Security Number		
Name (Last)	(First)	(Middle)	
Current Address			Phone Number
City	State	ZIP Code	County

POSITION DESIRED			
Position Applied For		<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Part Time <input type="checkbox"/> Casual / PRN	
Salary Expected <small>per hour year</small>	Date Available to Start	Shift Preference <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Any <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
Have You Ever Worked For This Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When And Where?	
Have You Ever Applied To This Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When And Where?	
Do You Have Any Relatives Who Work For The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Identify:			
Do you have a valid driver's license (only for jobs where driving a vehicle is an essential function)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of or plead guilty to a crime (felony or mis-de-meanor)? Exclude any minor traffic violations, any misdemeanor marijuana convictions more than two years old, or any legally expunged convictions. <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School Recruiting <input type="checkbox"/> CNA Program <input type="checkbox"/> Internet Ad <input type="checkbox"/> Job Fair <input type="checkbox"/> Open House <input type="checkbox"/> Placement Agency <input type="checkbox"/> Community Agency <input type="checkbox"/> Other _____ <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-in			

WORK AUTHORIZATION	
Are you legally authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>To comply with the Immigration Reform And Control Act, if you are hired, you will be required to provide documents to establish your identity and your authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment will be less than three (3) days.</p>	

RECORD OF EDUCATION

Name and Address of School(s)		Dates Attended		Graduated		Type of Degree / Diploma Received or Expected	Major / Minor Fields of Study
		From	To	YES	NO		
		Mo. / Yr.	Mo. / Yr.				
High School (Last Attended)							
Colleges / Universities							
Graduate School							
Other (Business, Technical, Secretarial, etc.)							

Please list any professional affiliations or accreditations that have a direct bearing upon your qualifications for the job for which you are applying. Include all licenses and certifications.

Have you ever had your professional license or certification suspended, revoked, or restricted? Yes No If yes, please explain:

Do you have any special skills or abilities that directly relate to the job for which you are applying?

WORK EXPERIENCE (Most Recent Experience First)

1 NAME AND ADDRESS OF EMPLOYER 	STARTING POSITION		ENDING POSITION
	FROM Mo ___ Yr ___ TO Mo ___ Yr ___ PHONE NUMBER Area Code ()		REASON FOR LEAVING
	SALARY	NAME AND TITLE OF SUPERVISOR	
	Beginning	Ending	Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO
2 NAME AND ADDRESS OF EMPLOYER 	STARTING POSITION		ENDING POSITION
	FROM Mo ___ Yr ___ TO Mo ___ Yr ___ PHONE NUMBER Area Code ()		REASON FOR LEAVING
	SALARY	NAME AND TITLE OF SUPERVISOR	
	Beginning	Ending	Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO
3 NAME AND ADDRESS OF EMPLOYER 	STARTING POSITION		ENDING POSITION
	FROM Mo ___ Yr ___ TO Mo ___ Yr ___ PHONE NUMBER Area Code ()		REASON FOR LEAVING
	SALARY	NAME AND TITLE OF SUPERVISOR	
	Beginning	Ending	Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO

May we contact your **current** employer listed above? Yes No

Use this space to describe any previous work history and/or detail particular job responsibilities listed above that you believe are important or should be considered. Include any additional information that you feel may be relevant to the job for which you are applying.

List additional references, including address and telephone

Employment Dispute Resolution Program Agreement

The Company is committed to building positive employee relations, encouraging open communication and respecting the rights and dignity of our employees. We recognize, however, that problems may arise in work relationships. The Company Employment Dispute Resolution (EDR) Program provides a process for resolving employment problems. The EDR Program has four steps: (1) Open Door; (2) Facilitation; (3) Mediation; and (4) Arbitration. The EDR Program ensures a fair resolution to disputes and is often a much faster and less expensive process. No remedies that otherwise would be available to you or the Company in a court of law will be forfeited by virtue of the agreement to use and be bound by the EDR Program. If you wish to be considered for employment, you must read and sign the following agreement binding you to use the EDR Program to resolve disputes. An EDR Program booklet describing the program in detail is available where you obtained the Applicant Packet.

I recognize that differences may arise between the Company and me during my application process or employment with the Company. I recognize that it is in our mutual best interests that disputes be resolved in a manner that is fair, private, expeditious, economical, final, and less burdensome and adversarial than litigation in court. Therefore, both the Company and I agree to resolve all claims, controversies or disputes relating to my application for employment, my employment and/or termination of employment with the Company exclusively through the Company's Employment Dispute Resolution Program. By way of example only, such claims include claims under federal, state and local statutory, regulatory or common law, such as Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Family and Medical Leave Act, claims for wrongful discharge, claims for public policy violations, and claims under the law of contracts and the law of torts.

I understand and agree that the last step of the EDR Program is final and binding arbitration by a neutral arbitrator. I understand and agree that this mutual agreement to use the EDR Program and to arbitrate claims means that the Company and I are bound to use the EDR Program as the only means of resolving employment related disputes and to forego any right either may have to a jury trial. I further understand and agree that if I file a lawsuit regarding a dispute arising out of or relating to my application for employment, my employment or the termination of my employment, the Company may use this Agreement in support of its request to the court to dismiss the lawsuit and require me to use the EDR Program instead.

I understand that my signature to this Agreement does not guarantee that the Company will offer me employment. If the Company offers me employment and I become employed at the Company, this Agreement does not alter the "at-will" status of my employment. I understand that no representative of the Company, other than an officer of the Company at the level of Senior Vice President or above, has the authority to make any agreement contrary to the foregoing or to alter the Company's EDR Program.

I understand that the EDR Program affects my legal rights. I also understand that I may obtain a copy of the EDR Program booklet and seek legal advice before signing this Agreement.

I certify that I have read this Agreement, I have had an opportunity to ask questions regarding its content, I understand this Agreement, I believe it to be fair, and I voluntarily enter into this Agreement.

Signature

Date

Social Security Number

Confidential Reference Check

The person named below has applied for employment. He/she has authorized the collection of any information concerning past employment with your organization. Mariner Health Care deals in long-term health care, and it is of the utmost importance to us that we hire the right person for the job. Therefore, we would appreciate your reply to the questions below. Thank you.

Administrator / Department Head / Supervisor

I hereby release from all liability the company or person named below, and authorize him or her to release all information regarding my employment with them.

Date

Applicant's Signature

Applicant's name: _____ **Position applied for:** _____

Employed by: _____

Name, title, and relationship of person contacted: _____

Employment from: _____ **to** _____ **Salary:** _____ **per** _____

Position and description of duties: _____

Describe applicant's performance (what are the applicant's strong/weak points in comparison with the other people who are doing or have done the same job?) _____

Please rate the applicant on the following characteristics (Excellent, Good, Fair, Poor):

Quality of work	_____	Quantity of work	_____
Job knowledge	_____	Leadership	_____
Attitude	_____	Dependability	_____
Professionalism	_____	Honesty	_____
Attendance	_____	Work relationships	_____
On-the-job injuries	_____	Problems	_____

Reason for leaving your company: _____

Would you rehire? _____ **If no, explain:** _____

Comments (Anything else I should know): _____

Signature

Title

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Signature

Title

