**Employment Application**

**Menno-Olivet Care Center**

402 S. Pine St., Menno SD 57045

Phone: 605-387-5139

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This facility does not discriminate on the basis of race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces for the United States, or citizenship in admission or access to treatment or employment in its programs and activities. This facility will coordinate efforts to comply with all agencies enforced by EEOC.

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City State Zip

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Desired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you applying for: Full-time Part-time

If seeking part-time work, specify the number of hours and days per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How soon will you be available for employment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift Preference If preferred shift is unavailable, will you If required will you

(check one) work? Work?

Day\_\_\_\_\_\_\_\_\_\_\_ Day Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Saturdays Yes\_\_\_\_\_ No\_\_\_\_\_\_

Evening\_\_\_\_\_\_\_\_ Evening Yes\_\_\_\_\_\_\_No\_\_\_\_\_\_\_ Sundays Yes\_\_\_\_\_ No\_\_\_\_\_\_

Night\_\_\_\_\_\_\_\_\_\_ Night Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_ Holidays Yes\_\_\_\_\_\_No\_\_\_\_\_\_

Rotating Shifts Yes\_\_\_\_\_ No\_\_\_\_\_\_

Are you a U.S. citizen or an Alien who has the legal right to work in the job(s) for which you are applying? Yes\_\_\_\_\_ No\_\_\_\_\_\_

Have you ever been convicted of a crime (Including Felonies and Misdemeanors, excluding minor traffic violations)? Yes\_\_\_ No\_\_\_

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 16 years of age or older? Yes\_\_\_\_\_ No\_\_\_\_\_\_

Do you have relatives or friends employed at this company? Yes\_\_\_\_\_ No\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed by this company? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If yes, give dates, position, and department employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied at this company before? Yes\_\_\_\_\_ No\_\_\_\_\_\_

How were you referred? Newspaper Ad \_\_\_ Friends/Relatives\_\_\_ Job Fair\_\_\_ Employee \_\_\_ Rehire \_\_\_ Other \_\_\_\_

Beginning with your current or last employer, list the last four positions of employment held by date.

Record of Job History

|  |
| --- |
| Name & Address of Employer: Phone No: |
| Job Title: Starting Salary:\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_ |
| Description of Job & Responsibilities: |
| Name & Title of Supervisor: |
| Dates of Employment From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact this employer? Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
| Reason for leaving: |

|  |
| --- |
| Name & Address of Employer: Phone No: |
| Job Title: Starting Salary:\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_ |
| Description of Job & Responsibilities: |
| Name & Title of Supervisor: |
| Dates of Employment From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact this employer? Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
| Reason for leaving: |

|  |
| --- |
| Name & Address of Employer: Phone No: |
| Job Title: Starting Salary:\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_ |
| Description of Job & Responsibilities: |
| Name & Title of Supervisor: |
| Dates of Employment From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact this employer? Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
| Reason for leaving: |

|  |
| --- |
| Name & Address of Employer: Phone No: |
| Job Title: Starting Salary:\_\_\_\_\_\_\_\_\_ Ending Salary \_\_\_\_\_\_\_\_\_\_ |
| Description of Job & Responsibilities: |
| Name & Title of Supervisor: |
| Dates of Employment From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact this employer? Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
| Reason for leaving: |

Record of Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Bus. Or Trade School |  |  |  |  |
|  |  |  |  |  |
| Professional School |  |  |  |  |
|  |  |  |  |  |

Professional Licenses and/or Certifications

Are you

Currently Registered No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensed No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certified No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible Registration Licensure Certification

IF LICENSED, REGISTERED, OR CERTIFIED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | No. | State Issued | Date Issued | Expiration |

Character References: References should include persons in academic institutions, volunteer organizations, etc. not friends or relatives.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Telephone | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Authorization:

In consideration of my employment I agree to conform to all of the rules and regulations of this facility and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either this facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no representative of this facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

I authorize all persons, schools, current employer, previous employers, and organizations named in this application or provided by me to the facility to provide this facility with any relevant information that may be requested by the facility. I also hereby release all parties seeking and providing information from any and all liability or claims for damages whatsoever that may result from this information’s release, disclosure, maintenance, or use.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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