

EMPLOYMENT HISTORY

Record from your last four jobs beginning with most recent:

Employer's Name _____ Salary \$ _____

Address & Phone _____

Nature of Work _____

Skills Used _____

Machines Used for Job Tasks _____

Dates of Employment: From: _____ To: _____

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RECORD OF EDUCATION

Highest Grade Completed:

1 2 3 4 5 6 7 8
Elementary

9 10 11 12
High School

1 2 3 4
College

Name & Location of last school attended: _____

Vacation / Trade / Business School _____ Graduate? _____

RECORD OF EDUCATION CONTINUED:

Occupational License or Certification? RN () LPN () CMT () CNA ()

License or Certification Number: _____ State other than Missouri? _____

List three references: (Please do not include relatives)

Name & Occupation	Address	Phone
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1) _____

2) _____

3) _____

In a brief paragraph please state why you are interested in working at Bentleys Extended Care:

I hereby declare the information provide by me in the Application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any, misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize Bentleys Extended Care to obtain an investigation report containing information through personal interviews with my neighbors, friends, acquaintances, and former employers. This report, if obtained may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written report within sixty days of receiving information about the nature and scope of any investigation.

DATE _____ SIGNATURE _____

I _____ agree that Bentleys Extended Care may:

- 1) Have a police record check of me prior to employment and at any time while I am an employee at Bentleys Extended Care.
- 2) Inspect my pocketbook, or any package I am carrying on or off the premises of Bentleys Expected Care.
- 3) Have a polygraph test administered to me at any time I am an employee of Bentleys Extended Care.

DATE _____ SIGNATURE _____

Bentleys Extended Care is an Equal Opportunity Employer with an Affirmative Action Program. To help us analyze our recruitment policy, we request that you voluntarily complete this questionnaire. Thank you for your consideration.

NAME: _____ SS #: _____

SEX ___ M / F___ RACE _____ HANDICAP: YES _____ / NO _____

Have you ever filed unemployment? _____ When? _____

Have you ever been convicted of a Felony? _____

If yes please explain and year convicted: _____

List names of friends or relatives working at Bentleys Extended Care:

_____	_____
_____	_____
_____	_____

Describe machines you know how to operate properly:

List skills for which you are applying for:

Do you have or had any physical limitations for the job you are applying for? YES___ NO ___ If yes, explain:

Have you missed any work during the past 6 months? _____

Nature of illness: _____

How long were you off for the illness: _____

REQUEST FOR INFORMATION
PLEASE ONLY FILL OUT SPACES INDICATED BY AN 'X'

TO: _____

I HAVE APPLIED FOR A POSITION WITH BENTLEYS EXTENDED CARE AND I DESIRE THAT THEY BE FULLY ADVISED OF MY RECORD WITH FORMER EMPLOYERS.

I THEREFORE REQUEST THAT YOU FURNISH THE NECESSARY INFORMATION CONCERNING MY EMPLOYMENT WITH YOUR ORGANIZATION, AND I HEREBY RELEASE YOU FROM ANY AND ALL LIABILITY OR DAMAGES FOR PROVIDING THE INFORMATION REQUESTED.

I UNDERSTAND THAT THE INFORMATION FIVEN WILL NOT BE MADE AVAILABLE TO ME BBY BENTLEYS EXTENDED CARE, VERBALLY OR IN PRINT.

I USED THE FOLLOWING NAME WHILE IN YOUR EMPLOY: **X** _____

X _____
SIGNATURE

WITNESS

NAME: _____ SS #: _____

IS THIS INFORMATION CORRECT? _____

EMPLOYED: FROM _____ TO _____ POSITION: _____

IF NOT, PLEASE CORRECT

EMPLOYED: FROM _____ TO _____ POSITION: _____

HOW WOULD YOU RATE THIS EMPLOYEE?

QUALITY OF WORK	1()	2()	3()	4()
QUANTITY OF WORK	1()	2()	3()	4()
DEPENDABILITY	1()	2()	3()	4()
ATTENDANCE	1()	2()	3()	4()
COMPLETING ASSIGNMENTS	1()	2()	3()	4()
JOB KNOWLEDGE	1()	2()	3()	4()
PERSONAL APPEARANCE	1()	2()	3()	4()

1 = EXCELLENT 2 = GOOD 3 = FAIR 4 = POOR

WOULD YOU EMPLOY AGAIN? YES () NO ()

REASON FOR TERMINATION _____

REMARKS _____

SIGNATURE: _____

DATE: _____

REQUEST FOR AND CONSENT TO EMPLOYEE DISQUALIFICATION CHECK

(Pursuant to § 660.315, RSMo)

The undersigned, which is a provider licensed pursuant to Chapter 198 RSMo, does hereby request of the Missouri Department of Social Services a report from the employee disqualification list described in § 660.315, RSMo whether the following person is or has ever been listed: _____ (name of applicant), social security number _____, date of birth _____.

By signing below, the applicant named above hereby consents to the release of all of his/her report on the employee disqualification list.

NAME OF APPLICANT

_____ Bentleys Extended Care _____
NAME OF EMPLOYER

STREET

_____ 3060 Ashby Road _____
STREET

CITY, STATE

_____ Saint Louis, Missouri _____
CITY, STATE

AUTHORIZING SIGNATURE

AUTHORIZING SIGNATURE

DATE

DATE

BENTLEYS EXTENDED CARE
3060 ASHBY ROAD
SAINT LOUIS, MO 63114

SEARCH BASED ON NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER.
FEE OF \$17.50 WILL BE AUTOMATICALLY TAKEN OUT OF YOUR FIRST PAYCHECK.
FEE OF \$ 4.00 WILL BE ASSESSED FOR UNIFORM/I.D.