

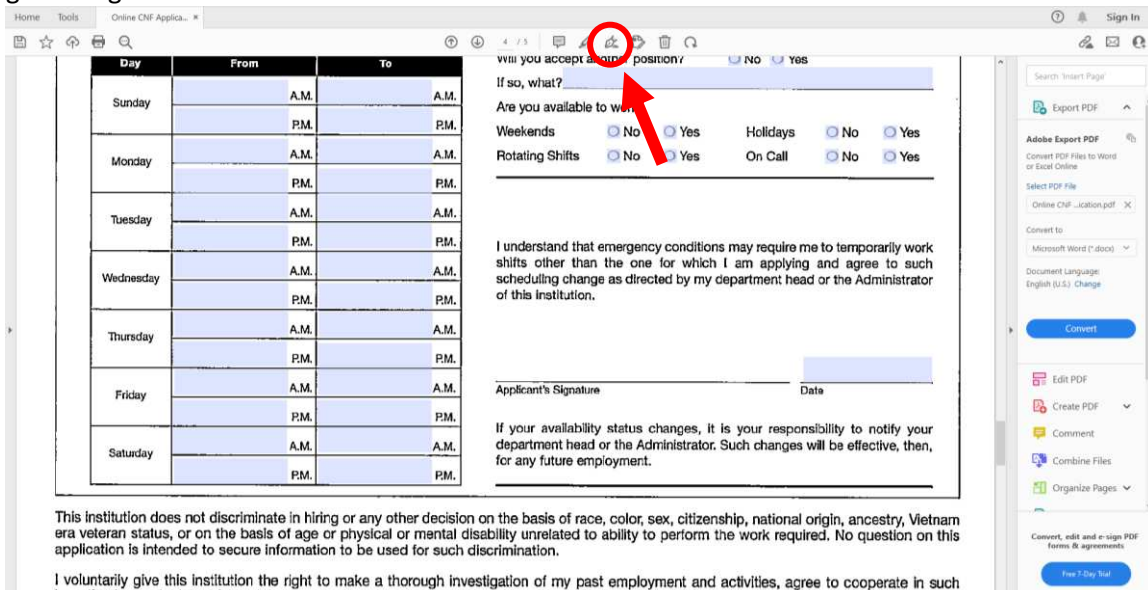
# Camden Nursing Facility, INC.

## Application For Employment – Instructions

Fill in all the blanks to the best of your ability and when completed, email the filled-out application to Michaela Fitch at [mfitch@camdennursingfacilityinc.com](mailto:mfitch@camdennursingfacilityinc.com). If you have any questions or concerns, please contact the facility at (334) 682-4231 and ask for Michaela. I will be in the office Monday through Friday, from 8:00 am to 4:30 pm.

In order to sign the application electronically, the easiest way is to open the file through the Adobe Acrobat DC app using the e-sign option, which is available through the free version. If you are not able to download Adobe, you can sign using the "draw" feature when the pdf opens up in the internet browser. There are three signature lines total. Pictures are included below to help you navigate to these tasks.

E-Sign through Adobe Acrobat DC:



The screenshot shows the Adobe Acrobat DC interface with the application form open. The form includes a table for availability information, a section for "History position desired?", and a section for "Are you available to work?". The "Draw" feature in the toolbar is highlighted with a red circle and a red arrow. The form also includes a section for "Applicant's Signature" and "Date".

Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

History position desired?  No  Yes  
If so, what? \_\_\_\_\_  
Are you available to work?  
Weekends  No  Yes    Holidays  No  Yes  
Rotating Shifts  No  Yes    On Call  No  Yes

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or the Administrator of this institution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If your availability status changes, it is your responsibility to notify your department head or the Administrator. Such changes will be effective, then, for any future employment.

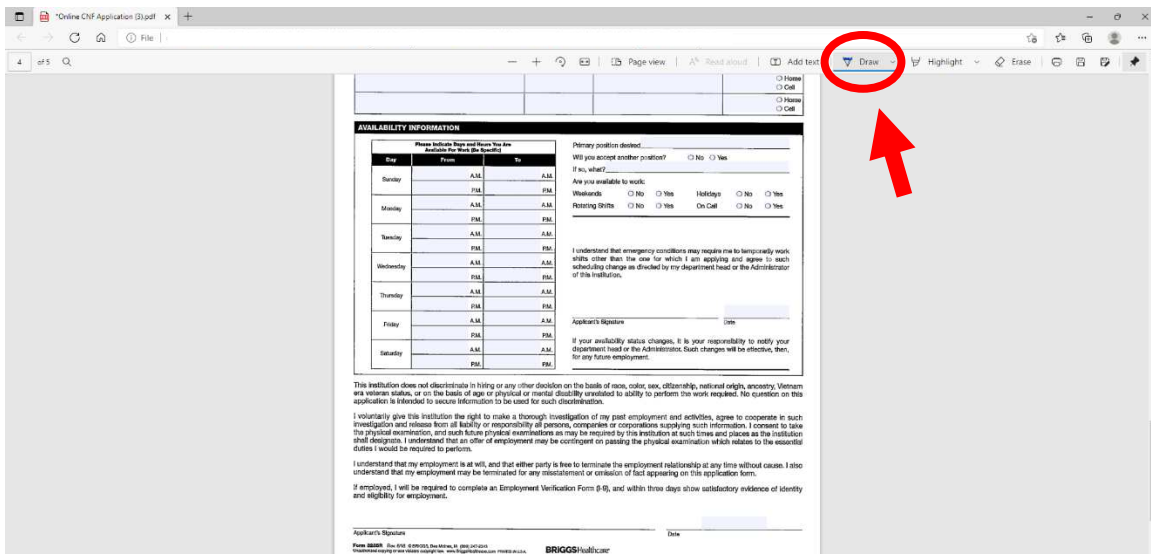
This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take such physical examination, and such background examinations as may be required by the institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

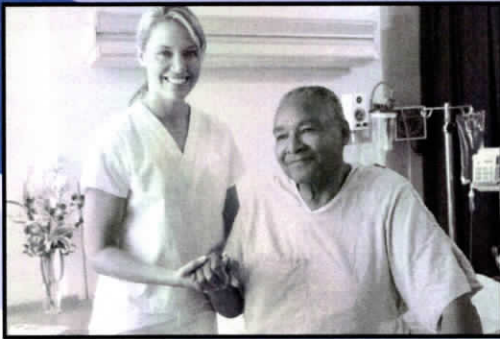
I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form 6-6, and within three days show satisfactory evidence of identity and eligibility for employment.

Draw feature through the Internet Browser:



The screenshot shows a web browser displaying the application form. The "Draw" feature in the toolbar is highlighted with a red circle and a red arrow. The form content is identical to the one shown in the Adobe Acrobat DC screenshot.



# APPLICATION FOR EMPLOYMENT

Full Name:

Position:

Date:

**PERSONAL INFORMATION**Name \_\_\_\_\_  
Last First MiddlePresent Address \_\_\_\_\_  
Street City State Zip CodePhone Number \_\_\_\_\_  
 Home  
 CellPermanent Address \_\_\_\_\_  
Street City State Zip CodePhone Number \_\_\_\_\_  
 Home  
 CellIf you cannot be reached at above phone number, where may we contact you? Phone \_\_\_\_\_  
 Home  
 Cell

Name of Person \_\_\_\_\_

**EMPLOYMENT DESIRED**

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? \_\_\_\_\_

Will You Accept Employment of:  Full time  Part time  TemporaryDate Available \_\_\_\_\_ If Under 18 Yrs. of Age, Do You Have a Work Permit?  No  Yes**EDUCATION/TRAINING**

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="radio"/> No <input type="radio"/> Yes	
College			<input type="radio"/> No <input type="radio"/> Yes If Yes, Date _____	
Lab or X-Ray Training			<input type="radio"/> No <input type="radio"/> Yes If Yes, Date _____	
Other Classes/Training				

Extracurricular Activities While in School \_\_\_\_\_

Area of Specialization or Major Interest \_\_\_\_\_

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type	Organization or State Issued	Date Issued	Number	Verified
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

**MILITARY RECORD**

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: \_\_\_\_\_

List Service Awards, Commendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone					
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="radio"/> No <input type="radio"/> Yes						
Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone					
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="radio"/> No <input type="radio"/> Yes						
Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone					
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="radio"/> No <input type="radio"/> Yes						
Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone					
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="radio"/> No <input type="radio"/> Yes						
Company Name	Dates Employed From	Month	Year	To	Month	Year
Address (Street, City, State, Zip Code)	Phone					
Position Title	Immediate Supervisor's Name and Title					
Job Description & Responsibilities:						
May we contact for reference? <input type="radio"/> No <input type="radio"/> Yes						

Use this space to give us further information which may assist us in placing you. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS			
Name And Relationship	Title	Company Name & Address	Telephone
			<input type="radio"/> Home <input type="radio"/> Cell
			<input type="radio"/> Home <input type="radio"/> Cell
			<input type="radio"/> Home <input type="radio"/> Cell

**AVAILABILITY INFORMATION**

Please Indicate Days and Hours You Are Available For Work (Be Specific)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired \_\_\_\_\_  
 Will you accept another position?  No  Yes  
 If so, what? \_\_\_\_\_  
 Are you available to work:  
 Weekends  No  Yes      Holidays  No  Yes  
 Rotating Shifts  No  Yes      On Call  No  Yes

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or the Administrator of this institution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If your availability status changes, it is your responsibility to notify your department head or the Administrator. Such changes will be effective, then, for any future employment.

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I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

