

Camden Nursing Facility, Inc.

Application For Employment – Instructions

Fill in all the blanks to the best of your ability. When completed, email the filled-out application to Jeannie Smith at administrativeassistant@camdennursingfacilityinc.com.

If you have any questions or concerns, please contact the facility at (334) 682-4231 and ask for Jeannie. 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:

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.

Do you accept this 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.

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 connected with this institution.

Camden Nursing Facility, Inc.

Draw feature through the Internet Browser:

The screenshot shows a web browser window with the address bar displaying "Online Application Sheet". The main content is an employment application form. The form has a title "AMAVABILITY INFORMATION" and a sub-header "Please Select Your Shift From the Box Beside the Work Schedule".

Shift	Full	Part
Day	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>
Weekend	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Below the table, there are several sections of text and checkboxes:

- "Do you accept another contract? No Yes
- "Are you available to work?" with sub-questions for "Weekends" and "Holidays".
- "Working Shift" with sub-questions for "On Call".
- A disclaimer: "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 changes as directed by my Department Head or the Administrator of the Institution."
- A section for "APPLICANT SIGNATURE" and "Date".
- A note: "If your availability status changes, it is your responsibility to notify your department head or the Administrator. Such changes will be effective, even if you fail to notify us."

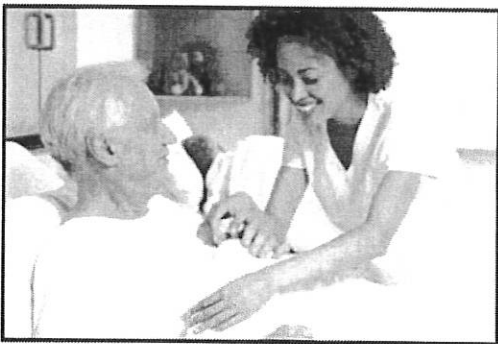
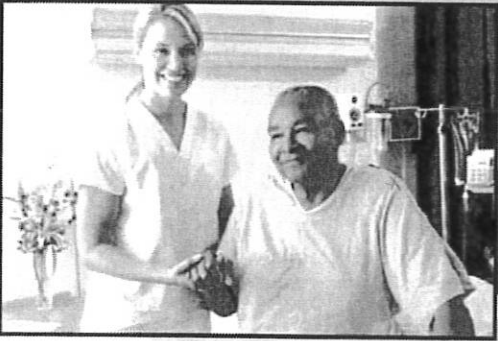
At the bottom of the form, there is a signature line with the name "BRIGGS-Webster".

A red circle highlights the "Done" button in the browser's toolbar, and a red arrow points to it.

NAME/Last, First, Middle _____

Position _____

Date _____



APPLICATION FOR EMPLOYMENT

Full Name:

Position:

Date:

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Home
 Cell

Permanent Address _____ Phone Number _____
Street City State Zip Code

Home
 Cell

If 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 Temporary

Date 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="checkbox"/> No <input type="checkbox"/> Yes	
College			<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date	
Lab or X-Ray Training			<input type="checkbox"/> No <input type="checkbox"/> 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

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?
ONo OYes

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?
ONo OYes

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?
ONo OYes

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?
ONo OYes

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?

No 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
			OHome OCeIl
			OHome OCeIl
			OHome OCeIl

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.	AM.
	P.M.	P.M.
Tuesday	AM.	AM.
	P.M.	P.M.
Wednesday	AM.	AM.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	AM.
	P.M.	P.M.
Saturday	A.M.	AM.
	P.M.	P.M.

Primary position desired, _____

Will you accept another position? ONo OYes

If so, what? _____

Are you available to work:

Weekends ONo OYes Holidays ONo OYes

Rotating Shifts ONo OYes On Call ONo OYes

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 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

Form 3285R Rev. 6/18 © BRIGGS, Des Moines, IA (600) 247-2343
Unauthorized copying or use violates copyright law. www.BriggsHealthcare.com PR EDINu.sA

BRIGGSHealthcare-

**PURPOSE
CODE:
E**

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CIVIL/CRIMINAL HISTORY, CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employee selection process, Camden Nursing Facility, Inc. (hereinafter referred to as **THE COMPANY**), routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports, and/or credit information on applicants for employment and employees that apply for promotions. The information contained in these reports may be used to deny an individual employment with **THE COMPANY** or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize **THE COMPANY**, by and through an independent contractor, Background IQ LLC ("the Agency") to procure a consumer report and/or investigative consumer report on me prior to employment and/or throughout the term of employment.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references; personal interviews; personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; drugs screenings including controlled substance testing; and/or any other public record. I also understand that any of these reports may be done on an annual basis.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15.U.S.C 1681 et.seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above, to disclose the same to **THE COMPANY**, by and through the Agency, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **THE COMPANY**, the Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report and/or civil/criminal history hereby authorized.

Printed Name _____
First Middle Last

Other _____
First Middle Last

Current Address _____
Street/P.O. Box City State Zip How Long

Former Address _____
Street/P.O. Box City State Zip How Long

Former Address _____
Street/P.O. Box City State Zip How Long

Social Security _____ Driver's License # _____
Include State

Date of Birth ___/___/___ Gender: Male Female Email Address (Required for Drug Screening) _____
Circle One

Profession/License # _____ Phone Number (Required for Drug Screening) _____

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion of employment. For applicants under the age of 18, a parent or guardian must sign below to authorize this search.

Signed _____ Date _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES
ALABAMA ELDER AND ADULT IN NEED OF PROTECTIVE SERVICES ABUSE REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink.

Agency/Organization Name: Camden Nursing Facility, Inc.
Agency/Organization Email: shutcheson@camdennursingfacilityinc.com Phone #: (334) 682-4231
Agency/Organization Mailing Street Address: P. O. Box 787
City: Camden State: AL Zip Code: 36726

Check All That Apply: Direct work with Vulnerable Adults DHR

Service Provider: (check box below)

Assisted Living Community/Center Specialty Case Assisted Living Community/Center

Home Health Agency Hospice Program or Residential Hospital Long Term Care Facility

Skilled Nursing Facility Rehabilitation Facility Adult Foster Homes Other

Requestor's Name Last: Hutcheson First: Sandy Middle:

Requestor Signature _____ Date _____

Witness Signature _____ Date _____

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and/or work with vulnerable adults**. This person's specific job/role is or will be: _____

Name: Last: _____ First: _____ Middle: _____
Sex: Male Female Race: _____ DOB: _____ Last 4 digits of SSN# _____
Current Mailing Street Address: _____
City: _____ State: _____ Zip: _____

To be completed by person being cleared

I authorize the Alabama Department of Human Resources (Department) to release information it maintains regarding any Alabama Adult Abuse Neglect and/or Exploitation investigation(s), Department of Mental Health investigation(s), Department of Public Health investigation(s), criminal convictions related to certain convictions and/or Protection from Abuse Orders about me to the above-named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me. I understand information being reviewed may have been generated by agencies other than DHR. I understand the purpose of the review is to assist the Department in preventing Abuse, Neglect and/or Exploitation of vulnerable adults.

Signature: _____ Date: _____ Signature of Witness: _____ Date: _____

To be completed by DHR

A search of the Alabama Elder and Abuse in Need of Protective Services Abuse Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for Adult Abuse, Neglect and/or Exploitation, has criminal convictions and/or an order for Protection from Abuse. The Department releases only that information which is necessary to discover or prevent Adult Abuse, Neglect and/or Exploitation. The information being provided is accurate as of the date listed and is based on information maintained by DHR and submitted by collaborating agencies.

Information located (i.e., indicated, true, founded). Reported by: AOC DMH Pub Health DHR
Charge(s) : _____
Protection from Abuse Order Physical Abuse Sexual Abuse Emotional Abuse Neglect Exploitation
Other _____ No information located Request Denied
Office of Adult Protective Services : _____ Date Completed: _____