



Kirkwood by the River

Applicants for employment are subject to a test for drugs and alcohol

| | | | | | | |
|---|--|-------|--------------------|--------|------------------------------|-----------------------------|
| Name: Last | | First | | Middle | | Date: |
| Home Phone Number: | | | Cell Phone Number: | | | |
| Present Address: Street Address | | City | | State | Zip | |
| Social Security Number: | | | | | | |
| Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Have you ever been convicted of, pled no contest or found guilty of a crime? If yes, give details (i.e., date, place & outcome): | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been accused of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

Employment Preference or Position Applying For:

| | | |
|---|---------------------------------------|---|
| Administration: | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Security |
| Assisted Living: | <input type="checkbox"/> LPN | <input type="checkbox"/> Resident Care Assistant <input type="checkbox"/> RN |
| Maintenance: | <input type="checkbox"/> Clerical | <input type="checkbox"/> General Maintenance <input type="checkbox"/> Painter |
| Programs: | <input type="checkbox"/> Assistant | <input type="checkbox"/> Driver |
| Skilled Nursing: | <input type="checkbox"/> Activities | <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN |
| Other: | | |
| Schedule Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Short-Hour/Weekend <input type="checkbox"/> Baylor (RN/LPN Only) | | |
| Which Shift Can You Work?: <input type="checkbox"/> Days or 7am-3pm <input type="checkbox"/> Evenings or 3pm-11pm <input type="checkbox"/> Nights or 11pm-7am | | |
| Are you willing to: Work Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If employed, is your employer aware that you are contemplating changing employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If employed, how much notice should you give before leaving? | | |
| Rate of Pay or Salary desired: | | |

Do you have relatives who work at Kirkwood? (Give Relationship and Department)

An Equal Opportunity Employer

Employment Data:

Have you previously been employed by us? Yes No

If yes, specify job title and date:

May we contact your present employer? Yes No

List current or most recent employer first, include periods of unemployment, and/or Military Service

| | |
|----------------------------------|--|
| Current Employer (company name) | Your Job Title |
| Street Address | Immediate Supervisor's Name |
| City, State, Zip | Employment Dates From: _____ To: _____ |
| Telephone Number | Pay Rate or Salary Beginning: _____ Ending: _____ |
| Reason for Leaving | Other Name(s) Used |
| Summarize Your Job Duties | |
| Previous Employer (company name) | Your Job Title |
| Street Address | Immediate Supervisor's Name |
| City, State, Zip | Employment Dates From: _____ To: _____ |
| Telephone Number | Pay Rate or Salary Beginning: _____ Ending: _____ |
| Reason for Leaving | Other Name(s) Used |
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| City, State, Zip | Employment Dates From: _____ To: _____ |
| Telephone Number | Pay Rate or Salary Beginning: _____ Ending: _____ |
| Reason for Leaving | Other Name(s) Used |
| Summarize Your Job Duties | |

Attach additional pages if necessary.

Educational Background/Training:

| | Name | Location | Highest Grade Completed | Course of Study | Degrees |
|---|------|--|-------------------------|--|---------|
| High School | | | | | |
| College | | | | | |
| Special Training/ Adult Education | | | | | |
| GED <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you intend to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have other job related skills, talents, or licenses not covered elsewhere? | | | | | |

Personal References whom we may contact (not relatives or former employers):

| Name | Address | City | State | Zip | Phone Number (include area code) |
|------|---------|------|-------|-----|----------------------------------|
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Please Read Before Signing

I understand that this application is not an offer of employment and that by accepting my application Kirkwood by the River ("Kirkwood") does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, Kirkwood reserves and retains the right to make such changes in the terms and conditions of my employment, with or without notice, as Kirkwood determines to be necessary or appropriate.

If employed, I agree to conform to the rules of Kirkwood. I understand and agree that any future employment is not for any guaranteed length of time, and that employment is based on the consent of both Kirkwood and the individual employee, and that both Kirkwood and I have the freedom to terminate the employment relationship whenever either chooses to do so, and that no policy, procedure or practice of Kirkwood may in any way constitute or be construed as either a contract of employment between Kirkwood and me or a promise of employment. I understand that no one other than the President of Kirkwood has authority to make any other agreement. Any such agreement must be in writing.

I understand that if I am offered employment I will have to undergo a physical exam as required by the Alabama State Board of Health and at any time Kirkwood deems appropriate after I am hired. Such physical examinations may include drug screening tests to determine whether I have been or am using illegal drugs, controlled substances, or prescribed medications. I understand that both initial and continued employment are contingent upon the successful completion of such examinations, but successful completion does not guarantee initial or continues employment. I will inform Kirkwood prior to any physical examination of any prescription drugs that I am currently taking. I agree to submit to such physical examinations and the results released to appropriate Kirkwood officials.

I hereby (a) authorize inquiries seeking information and/or verification concerning my personal and employment history, and (b) release from all liability, damage and/or responsibility all persons, schools, hospitals, corporations, governmental agencies or other organizations furnishing information and/or documents, regarding my personal and employment history, and (c) authorize the release of any such information and/or documents, including law enforcement records.

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.

Signed Name: _____ Date: _____

| | | |
|-------------|--|-----------------|
| Office Use: | Department: _____ | Position: _____ |
| | Motor Vehicle Report Requested: _____ Yes _____ No | |