



# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give details (i.e., date, place & outcome):					
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
Personal Care:	<input type="checkbox"/> Companion	
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"/> Baylor (RN/LPN Only)		
Which Shift Can You Work? <input type="checkbox"/> 7am-7pm <input type="checkbox"/> 3pm-11pm <input type="checkbox"/> 7pm-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 is required before start date?		
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 or worked on our campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify job title and date:	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List current or most recent employer first, include periods of unemployment, and/or Military Service</b>	
Current Employer or Most Recent (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	
<hr/>	
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
Summarize Your Job Duties	
<hr/>	
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
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)

### 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.

I certify that all statements made by me on this application as well as in employment interviews are true and complete to the best of my knowledge and that I have withheld nothing. Moreover, I understand that any omission or misrepresentation of fact may result in refusal of employment or immediate dismissal when discovered.

I understand and agree that if employed by Kirkwood, I am responsible for complying with Kirkwood policies and procedures, including reporting any behavior which I think may violate Kirkwood policies prohibiting discrimination, harassment, or retaliation in employment.

### I Have Read and Understand this Statement

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

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

## Kirkwood by the River Background Check

Authorization and Release for the Procurement of a Civil/Criminal History,  
Consumer and/or Investigative Consumer Report

As part of its employee selection process, Kirkwood by the River (“Kirkwood”) routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports and/or credit information on applicants for employment and employees applying for promotions. The information contained in these reports may be used to deny an individual employment with Kirkwood or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize Kirkwood, by and through an independent contractor, Bullet Investigations (“the Agency”) to procure a consumer report and/or investigate 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; 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 Kirkwood, 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 Kirkwood, 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.

**Please Print**

Name: \_\_\_\_\_  
First
Middle
Last

Maiden/Other Names (Alias): \_\_\_\_\_  
First
Middle
Last

Current Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Former Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Former Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Gender:  Male       Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Driver’s License # (Include State of Issue): \_\_\_\_\_

If applicable, Registered Nurse or Licensed Practical Nurse License Number: \_\_\_\_\_

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