

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Shift applied for \_\_\_\_\_ Hire Date \_\_\_\_\_

*Alston Brook  
Nursing Facility and Rehab  
Employment Application*



*Working As A Team  
Providing Residents  
And Family Services  
With Compassion And  
Quality.*

## WELCOME APPLICANT

Thank you for your interest in applying for a position at Alston Brook. Enclosed you will find the application which must be filled out completely before being turned in for consideration in obtaining a position.

Please attach a copy of the following:

- 1) **2 letters of recommendation from past employers.** In this letter should be the dates you worked for the company, the position you held while working for this company, your attendance while at the company and a phone number of the person writing the letter on your behalf.
- 2) Your most recent Tuberculosis Test
- 3) Hepatitis B Vaccination Record (if you have already received vaccination)
- 4) Drivers License or State approve Identification Card
- 5) Social Security Card
- 6) Any Special Training Certification
- 7) A copy of your Nursing License or C.N.A. Certification.

**Once you have completed your application and attached all items listed above, bring it in and give it to the Receptionist.**

Your application will then be reviewed and you will either; receive a call for an interview or you will receive a letter stating we do not have a position for you at this time. Should you receive a letter in the mail please note that your application will be held for 90 days for a possible future position.

**ANY APPLICANT FOR EMPLOYMENT WHO WILLFULLY FURNISHES, SUPPLIES OR OTHERWISE GIVES FALSE INFORMATION ON AN EMPLOYMENT APPLICATION THAT IS THE BASIS FOR A CRIMINAL HISTORY RECORD CHECK UNDER THIS SECTION SHALL BE GUILTY OF A CLASS A1 MISDEMEANOR (NCGS 131E-265(e)).**



**EMPLOYMENT RECORD – List Last Or Present Position First (Please Provide Information For Last 10 Years)**

Present And Former Employers		Dates Employed	Salary Range	Position & Duties
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				
Name Of Business		From	Starting	
Address	Phone Number	To	Ending	
Supervisor Name/Number				

**REFERENCES – Must List Three (3) (Cannot Be Family – Preferably Someone You Have Known 1 Year, Who Can Speak To Your Work Performance)**

Name	Contact Phone Number	Relationship	Years Acquainted

**CRIMINAL HISTORY**

Have You Ever Been Arrested, Charged, OR Convicted Of A Crime?  Yes  No

If Yes, For What, When, And Where?	What	When	Where

Conviction Of A Criminal Offense Will Not Necessarily Preclude Your Employment.

AVAILABILITY RECORD		Please Indicate Days And Hours You Are Available For Work (Be Specific)		
		Day	From	To
Primary Position Desired _____ Will You Accept Another Position? <input type="checkbox"/> Yes <input type="checkbox"/> No If So, What? _____		Sunday	AM	AM
			PM	PM
		Monday	AM	AM
			PM	PM
Are You Available To Work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotation Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tuesday	AM	AM
			PM	PM
Do You Limit Your Annual Earnings Due To Social Security Or Other Reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please State What Is The Maximum Amount You Wish To Earn! Amount _____		Wednesday	AM	AM
			PM	PM
		Thursday	AM	AM
			PM	PM
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 administrator of this institution.  _____		Friday	AM	AM
			PM	PM
Applicants Signature _____ Date _____		Saturday	AM	AM
			PM	PM

**PREVIOUS ALSTON BROOK EMPLOYMENT**

Have you ever been an employee of Alston Brook Or Golden Age of Lexington, Inc.?  Yes  No If Yes, please complete information below:

Dates Of Employment	Position Held	Supervisor's Name	Reason For Leaving
____/____/____ To ____/____/____ <small>Month Day Year Month Day Year</small>			

**EMPLOYMENT UNDERSTANDING (Please Read And Sign)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era 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. In addition I understand that an offer of employment may be contingent on passing a drug screen test.

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 _____
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**EMERGENCY CONTACT INFORMATION – Do Not Answer Questions In This Area – To Be Completed After Employed**

Name And Address Of Person To Notify In Case Of Emergency					Relationship	Phone Number
Date Of Birth	Marital Status	Sex	Nationality	Number And Ages Of Children	What language(s) (Other Than English) Do You Speak?	

**THIS PAGE FOR INSTITUTION AND INTERVIEWERS' USE ONLY**

**INTERVIEW FORM  
SUGGESTED QUESTIONS**

<b>QUESTION</b>	<b>APPLICANT'S ANSWER</b>		
1. Tell us what you liked best/least about your last or current position.			
2. What do you perceive as one of your outstanding personal strengths?			
3. What do you perceive as one of your personal weaknesses?			
4. Describe you ideal job.			
5. What in your past work experience particularly qualifies you for this job?			
6. What do you feel would be the most important qualification for a person working in a long term health care facility?			
7. Additional Questions Ask?			
8. Additional Questions Ask?			
9. Additional Questions Ask?			
10. Additional Questions Ask?			
11. Additional Questions Ask?			
12. ADDITION REMARK:			
<b>INTERVIEWER'S EVALUATION</b>			
<b>On Time</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Appearance</b>	<b>Relates To Others</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If No Specific):	<b>Commitment Level</b>

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**TELEPHONE REFERENCE CHECK**

**MOST RECENT PREVIOUS EMPLOYER**

	EMPLOYMENT DATES		WOULD AGENCY REHIRE	
	FROM	THRU	YES	NO
	YYYY / MM	YYYY / MM	<input type="checkbox"/>	<input type="checkbox"/>

IF NO REHIRE, EXPLANATION:

AREA Check One For Each Area)	GOOD	ADEQUATE	POOR
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productive Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

**OTHER PREVIOUS EMPLOYER**

	EMPLOYMENT DATES		WOULD AGENCY REHIRE	
	FROM	THRU	YES	NO
	YYYY / MM	YYYY / MM	<input type="checkbox"/>	<input type="checkbox"/>

IF NO REHIRE, EXPLANATION:

AREA Check One For Each Area)	GOOD	ADEQUATE	POOR
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productive Output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS:

Facility Representative (Last, First MI. )	Title	Signature	Date
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**For Personnel Office Use Only**

Hired	For What Department	Position
Salary (Per Hour)	Starting Date	Comments

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**◆ Applicants, Please Complete Boxed Area Only ◆**

I, \_\_\_\_\_ hereby authorize you to release to Alston Brook any information you may have available concerning my employment with your organization and release you from any liability for damages arising from the release of that information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current / Previous Employer

\_\_\_\_\_  
Address (Street or P.O. Box)

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_

The above named individual has applied with Alston Brook for the position of \_\_\_\_\_  
\_\_\_\_\_. Please supply the following information concerning their employment with you.

*Any information you provide will of course be kept confidential.*  
Thank you.

\_\_\_\_\_  
Printed Name Of Facility Representative/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Beginning / Ending Dates of employment \_\_\_\_\_

Title \_\_\_\_\_ Eligible For Rehire? \_\_\_\_\_

Characteristics	Not Known	Poor	Average	Good	Excellent
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name & Title Of Person Completing Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date