

# Conditions for Employment

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To be considered for employment in this facility you must possess the following skills and must meet and agree and to adhere to the following conditions:

- 1) Be able to undergo and pass drug testing and criminal background screenings.
- 2) Have the authorization from Homeland Security to legally work in the U.S.
- 3) Be able to speak, read and write in the English language.
- 4) Be able to work around ill, disabled, elderly, emotionally upset, and at times hostile people within the workplace.
- 5) Be able to communicate in a clear and courteous manner.
- 6) Be able to perform physical tasks (*for certain positions*) including; but not limited to, bending, stooping, standing and lifting at least 25-50 pounds (*with or without reasonable accommodations*).
- 7) Be able to maintain a neat and professional appearance in the workplace.  
***Some job positions require complete uniform at all times.***
- 8) Be able to demonstrate a positive team spirit and a willingness to provide the highest level of resident safety and comfort.
- 9) Be in optimum (good) physical health.  
***A pre-employment medical clearance from a licensed healthcare provider (MD/ARNP/PA) will be required to certify that you are that you are “free from communicable diseases, including TB”.***
- 10) Have the ability to work in changes in temperatures.  
***Some job positions may require working indoors and/or outdoors at times.***
- 11) Be able to work on weekends, nights and holidays.
- 12) Be able to travel. ***Some job positions may require some traveling.***
- 13) Be able to problem solve within the scope of your job position.

I understand the above conditions: \_\_\_\_\_  
*Applicant Signature* *Date*

Applicant Printed Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

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# Application for Employment

- 1) **PRINT** clearly and complete **ALL** sections as noted. Illegible or incomplete applications will not be processed.  
 2) All qualified applicants will receive consideration without discrimination because of; race, color, religion, sex, age, Disability, national origin, veteran status or sexual orientation. 3) This application will be kept for **90** days.

1	Are you on a leave of absence from another employer?	YES	NO	If YES, Date of leave: _____	
2	Are you legally eligible for employment in the U.S.?	YES	NO	Note: If hired, you are required by law to show proof of <b>identity &amp; eligibility to work in the USA.</b>	
3	Are you over 18?	YES	NO	If NO, State Date of Birth: _____	
4	Have you ever been employed by this facility?	YES	NO	If YES, List Date & Position Held: _____	
5	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Social Security Number</b>	
	<b>Street Address</b>	<b>City</b>	<b>State /Zip Code</b>	<b>Area Code / Telephone</b>	
6	<b>Position (s) You Are Applying For:</b>		<b>Date Available</b>	<b>Salary Desired</b>	
7	<b>Relatives Employed In This Facility:</b>		<b>Relationship</b>	<b>Job Position / Department</b>	
<b>EDUCATION</b>					
8	<b>Name of School</b>	<b>Location</b>	<b>Major Subjects Studied</b>	<b># Years</b>	<b>Degree/Diploma Received</b>
	<b>High School</b>				
	<b>College</b>				
	<b>OTHER</b>				
<b>EMPLOYMENT HISTORY</b>					
Please list <b>ALL</b> employment, beginning with your most recent employer in the last ten (10) years. Please do not answer "see resume. Account for any period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper, if necessary.					
	<b>Employer</b>	<b>Complete Mailing Address Area Code/Telephone</b>	<b>Dates Employed [Start / End]</b>	<b>Duties / Responsibilities</b>	<b>Reason for Leaving</b>
10	May we contact your present employer?	YES	NO	If NO, please state reason: _____	



1	<b>OTHER PERTINENT SKILLS</b>					
1	List any experience from your military service, professional groups, other organizations and/or trade groups you belong to that you consider relevant to your ability to perform the job(s) for which you are applying.		_____			
	Special Skills/Training/Other Language (s) Spoken:		_____			
<b>Answer these questions only if you have received a copy of the job description or if the job requirements was thoroughly explained to you:</b>						
	Have you been given a copy of the job description or had the job requirements explained to you?			[Yes]	[No]	
	Do you understand the requirements?			[Yes]	[No]	
	Can you perform the requirements of this job with or without reasonable accommodations? If yes, please state the type of accommodations. _____			[Yes]	[No]	
	If the job requires, do you have a valid driver's license?			[Yes]	[No]	
1	<b>PROFESSIONAL LICENSES</b>					
2	Professional License Type: _____	License #: _____	State: _____	Expiration Date: _____	Years Practicing: _____	
	Has your professional license (in Florida or any other state) ever been investigated, suspended or revoked? If YES, please give details and the final outcome: _____				[Yes]	[No]
1	<b>PROFESSIONAL/PERSONAL REFERENCES</b>					
3	<b>Name</b>	<b>Area Code / Telephone</b>	<b>Address</b>	<b>City / State / Zip Code</b>	<b>Relationship</b>	
1	<b>EMERGENCY CONTACTS</b>					
4	(One not living with you)					
	<b>Name</b>	<b>Day &amp; Evening Area Code / Phone Number</b>	<b>Address</b>	<b>City / State / Zip Code</b>	<b>Relationship</b>	
1	<b>ADDITIONAL INFORMATION</b>					
5	Have you ever been convicted of a felony? If YES, please give details and the final outcome: _____				[Yes]	[No]



Have you ever, now or in the past, been investigated or sued for patient abuse or neglect in Florida or any other state? If yes, please give details and the current status:	[Yes]	[No]
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1 6	<b>ACKNOWLEDGEMENT</b>
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- I UNDERSTAND:**
- That completing this application at Eden Springs Nursing and Rehabilitation Center does not constitute an offer of employment and that my application may be rejected for any reason.
  - That giving false information on this form or in an interview is grounds for denial or immediate termination of employment.
  - That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the Facility.
  - That if I sustain any injury in the employment of the Facility I agree that the Facility shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give the Facility full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

**AUTHORIZATION TO RELEASE INFORMATION**

If I am given the conditional offer of employment, I authorize Eden Springs Nursing and Rehabilitation Center to make a complete investigation of me, including but not limited to; my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a Nursing Facility. I also certify that I am not excluded from participation in Federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of the Facility. If findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

<b>PRINTED NAME:</b> _____		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>Applicant's Signature:</b> _____</td> <td style="width: 30%; border: none;"><b>Date:</b> _____</td> </tr> </table>	<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____	