



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the HR department.

Position(s) applied for _____ Date of application _____

Name _____ Social Security # _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Telephone#(____) _____ Mobile#(____) _____ Email _____

If you are under 18, and it is required can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and position _____ Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available to begin work _____ What is your desired salary? _____

Type of employment desired Full-time Part-time Temporary

Type of work schedule interested in Days (1st shift) Evenings(2nd shift) Nights(3rd shift) Weekends

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes please provide dates and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Drivers license number if driving is an essential job function _____ State _____

EMPLOYMENT HISTORY

Provide the following information of your past (3) employers, assignments, or volunteer activities, starting with most recent.

From _____ To _____ Employer _____ Phone _____

Job Title _____ Address _____

Supervisor _____ Job Responsibilities _____

May we contact for references Yes No Later _____

Reason for leaving _____ Hourly Rate/Salary: Start \$ _____ / _____ Final \$ _____ / _____

From _____ To _____ Employer _____ Phone _____

Job Title _____ Address _____

Supervisor _____ Job Responsibilities _____

May we contact for references Yes No Later _____

Reason for leaving _____ Hourly Rate/Salary: Start \$ _____ / _____ Final \$ _____ / _____

From _____ To _____ Employer _____ Phone _____

Job Title _____ Address _____

Supervisor _____ Job Responsibilities _____

May we contact for references Yes No Later _____

Reason for leaving _____ Hourly Rate/Salary: Start \$ _____ / _____ Final \$ _____ / _____



PERSONAL REFERENCES:

Name _____ Phone _____ No. of years known _____

Name _____ Phone _____ No. of years known _____

SPECIAL RELATED TRAINING:

List any special training that you have that may qualify you as being able to perform job-related functions in the position for which you are applying for. (For Example: CPR certified, TB certified, etc.)

Comments or additional related experiences you may have that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experience, Home Health Care, Urgent Care, Senior Care, Pharmacy, Voluntary Service, etc.)

LICENSE AND CERTIFICATION INFORMATION:

List all applicable licenses or certifications that you may have and their dates below:

License/Certification	#(If Applicable)	Date Issued	Exp. Date
License/Certification	#(If Applicable)	Date Issued	Exp. Date
License/Certification	#(If Applicable)	Date Issued	Exp. Date



Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause cancel further consideration of this application, or immediately discharge me from the employers service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to verify the accuracy of all information provided by me on this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains on file for 30 days and after that if I want to still be considered for employment I must reapply.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I will also have to provide proof of TB skin test and any license or certification I may have.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ **Date** _____



Application for Employment Addendum

In order that the facility complies with Federal and State guidelines related to the checking of background information, The following is required before your application can be considered.

MUST BE FILLED OUT!

List ANY AND ALL work experiences as a nursing home employee, Nurse, or C.N.A. other than those listed in the employment section on application.

Dates of Employment: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____

Job Title: _____

Dates of Employment: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____

Job Title: _____

Dates of Employment: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____

Job Title: _____

Dates of Employment: _____

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Job Title: _____

Dates of Employment: _____

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Job Title: _____

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Employer Name: _____

Employer Address: _____

City: _____ State: _____

Job Title: _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
OFFICE OF LONG TERM CARE

REQUEST FOR CRIMINAL RECORD CHECK
AR920160Z

Please check one: State Check Only State and National Check

- Items Needed:
1. This form correctly completed
 2. \$25 check/money order made payable to "Arkansas State Police"
 3. If a national check is also required:
 - a. One completed fingerprint card
 - b. An additional \$14.75 check/money order made payable to "Arkansas State Police"

Please see the back of this form for instructions on routing and completion of the fingerprint card.

Facility ID Code (701) _____ Facility Type: NF ADC/ADHC ALF1/ALF2 HDC ICF/MR PAHI RCF OTHER

Prescott Manor Nursing Center
Name of Facility Submitting Form _____ Debra Burke
Facility Contact Person _____

700 Manor Drive
Facility Address _____ Prescott AR 71857
City State Zip Code _____ 870-455-1086
Telephone Number (include area code) _____

(NOTE: Do not use this form for licensed nurses or other Non-mandated positions)

Applicant/Employee to be checked: _____
Last Name First Name Middle Name

_____ Maiden Name _____ Aliases _____ Date of Birth (mo/day/yr) _____ Race _____ Sex (M/F) _____

Applicant/Employee's address _____ City _____ State _____ Zip Code _____

_____ Social Security Number _____ Driver's License Number _____ State of Issuance _____

Current or last employer and address _____ City _____ State _____

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity. Please list the document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or plead guilty or nolo contendere to:

Date of Charge	Location (City and State)	Description of charge	Sentence/Disposition
_____	_____	_____	_____
_____	_____	_____	_____

Notice: Your current or potential employer may receive copies of the criminal records report or determination of employment eligibility. Prior to completion of a criminal record check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care. Any challenge to the accuracy of the report should be directed to the State Identification Bureau (501) 618-8500, #1 State Police Plaza Drive, Little Rock, AR 72209.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record checks on myself and release any results to the Department of Human Services and my current/potential employer. I further authorize a national records check. I further authorize the Department of Human Services to issue determinations of employment eligibility to my current or potential employer, including a private placement agency or contracted staffing company.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code 5-53-103.

Statement on Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee _____ Date _____

State of Arkansas, County of _____

Subscribed and sworn to before a Notary Public in and for the county and state aforesaid, this the _____ day of _____, (yr) _____.

Notary Public _____ (Notary Seal)

My commission expires on _____, (yr) _____.

FOR ARKANSAS STATE POLICE USE ONLY
_____ 82001 Civil Records Check @ \$25.00 _____ 80000 National Background Check @ \$14.75



Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: Prescott Manor Nursing Center
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 700 Manor Dr. Prescott AR 71857
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

Notary Public

- 82004 State Record Check
82005 State Record Check