

WhiteStone

A MASONIC & EASTERN STAR
COMMUNITY  EST. 1912

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally-protected status.

Position Applied For: _____

(Last Name) (First Name) (Middle Name)

(Street) (City) (State) (Zip)

(Telephone Number) (Social Security #)

If you are under 18 years of age, can you provide proof of your eligibility to work?

_____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give date (s): _____

Have you ever been employed with us before? _____ Yes _____ No

If yes, give date (s): _____

If yes, job/position: _____

Do you have relatives that work here? _____ Yes _____ No

If yes, Name and Relation: _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____ Yes _____ No

(Proof of citizenship/immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: () Full Time () Part Time () Relief

Nursing Staff Applicants: Shift Preference: () 1st Shift () 2nd Shift () 3rd Shift

Have you ever been convicted of a crime, misdemeanor or felony?

_____ Yes _____ No A conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

How did you learn about WhiteStone? _____

EDUCATIONAL BACKGROUND

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

SPECIALIZED SKILLS: Check Skills/Equipment Operated

Nursing

- () RN: Cert. No. _____
 Renewal No. _____
 Exp. Date _____
- () LPN: Cert. No. _____
 Renewal No. _____
 Exp. Date _____

Environmental Services

- () Supervise Employees
 () Room Care, General Cleaning
 () Floor Care – Wax, Strip
 () Shampoo Carpet
 () Windows
 () Laundry

Nursing Assistant

Certified? () Yes () No

Facility Services

- () Supervise Employees
 () Carpentry
 () Electrical
 () Plumbing
 () Machine Maintenance
 () Operate & Maintain Equip.
 () Refrigeration/Air Conditioning
 () Boilers
 () Landscaping & Mowing

Activities

- Certified? () Yes () No
 () Drive Bus, Other Vehicles
 () Commercial Driver's License
 NC License No. _____

Dietary

- () Supervise Employees
 () Prepare Special Meals
 () Serve Trays, Read Menu/Diet Cards
 () Cook
 () Prep Food
 () Check Stock/Order Supplies
 () Wash Dishes, Pots, Pans
 () General Duties, Cleaning, Etc.
 () Work w/ Measuring/Using Chemicals
 () Use Small Equipment

Office

- () Personal Computer
 () Calculator
 () Typewriter
 () Payroll
 () Insurance
 () Multi-Line Telephone System

Describe any specialized training, apprenticeship, skills and extra-curricular activities which are relevant to the job for which you are applying: _____

EMPLOYMENT HISTORY:

1) Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Hourly Rate/Salary _____ Starting _____ Ending _____
Duties _____
Reason for Leaving _____

2) Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Hourly Rate/Salary _____ Starting _____ Ending _____
Duties _____
Reason for Leaving _____

3) Employer _____ From _____ To _____
Address _____
Telephone _____ Supervisor _____
Hourly Rate/Salary _____ Starting _____ Ending _____
Duties _____
Reason for Leaving _____

PERSONAL REFERENCES

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying.

1) _____
Name Occupation
_____ (_____) _____
Address Phone #

2) _____
Name Occupation
_____ (_____) _____
Address Phone #

3) _____
Name Occupation
_____ (_____) _____
Address Phone #

APPLICANT SHOULD READ THE FOLLOWING STATEMENT PRIOR TO SIGNING:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. In accordance with applicable laws, I hereby release from all liability or responsibility all persons, companies, institutions, or corporations furnishing such information.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 WhiteStone. If the 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in this application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

An Equal Opportunity Employer

APPLICANT, DO NOT WRITE IN THIS SPACE

Dept./Position _____ Status : Full Time Part Time Relief

Date position offered _____ Accepted: YES NO

Date to Report _____ Rate of Pay _____

I heard by acknowledge the offer for a position in which I have applied for employment and accept the position offered, it's status and rate of pay as stated above.

New Employee Signature _____ Date _____

Dept Head Signature _____ Date _____