



Application for Employment

**2120 Payne Street
Louisville, KY 40206
502-895-9425
lgainous@sacredheartlou.org**

If you are printing this form, please provide your name as noted below, before submitting it:

Printed Name _____

**FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES
A CRIMINAL RECORD CHECK AS A CONDITION OF
EMPLOYMENT**

Nazareth Home - Clifton is a Drug Free Workplace

PERSONAL INFORMATION

Name _____ Social Security # _____
 Last First Middle Maiden/Previous

Present Address _____
 Street Apt City State Zip

Email Address _____ Home Phone # _____ Cell Phone # _____

If you cannot be reached at above phone number, where may we contact you? Phone _____ Name of Person _____

Emergency Contact Information: Name _____ Phone Number _____ Relation: _____

APPLICANT QUESTIONS

Type of work desired	Shift	Salary	Full Time	Part Time	PRN	How were you referred to Nazareth Home -
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nazareth Home – Clifton employee: _____ (name)
						Have you worked for Nazareth Home - Clifton <input type="checkbox"/> Yes <input type="checkbox"/> No
						If so when/what position? _____

Date Available: _____ Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

List any friends or relatives working for Nazareth Home - Clifton _____

Have you ever been convicted of, or plead guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date and final disposition of the case and the nature of the offense.

Are you subject to Child Labor Laws? Yes No Can you work holidays? Yes No Can you work overtime? Yes No

Are there any reasons you would be unable to perform safely with or without accommodations, any of the duties of the position for which you are applying? Yes No

If yes, please explain: _____ (a copy of job description is available upon request)

Have you ever been charged or convicted of a crime against a senior? Yes No

Have you or your employer ever been placed on an exclusion for Medicare/Medicaid payment list? Yes No

If hired, I can provide the appropriate legal documentation to prove I am authorized to work in the United States? Yes No

For this type of employment, state law requires a criminal record check as a condition of employment. Have you been convicted of a crime and/or released from confinement for a criminal offense? Yes No If yes, please explain: _____

EDUCATION TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _____	
Other Schooling or Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _____	

Professional organization membership, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty
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Specialized Training: _____

List Service Awards, Commendations: _____

LIST CURRENT (OR MOST RECENT) EMPLOYER FIRST

Company Name	Dates Employed	Month / Year	Month / Year
	From	To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
	Position Title		Full Time or Part Time?
Immediate Supervisor's Name and Title			
Job Description & Responsibilities			
May we contact for reference?	Reason for Leaving / Date		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Dates Employed	Month / Year	Month / Year
	From	To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
	Position Title		Full Time or Part Time?
Immediate Supervisor's Name and Title			
Job Description & Responsibilities			
May we contact for reference?	Reason for Leaving / Date		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name	Dates Employed	Month / Year	Month / Year
	From	To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary
	Position Title		Full Time or Part Time?
Immediate Supervisor's Name and Title			
Job Description & Responsibilities			
May we contact for reference?	Reason for Leaving / Date		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Use this space to provide further information which may assist us in placing you.

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name and Relationship	Title	Company Name & Address	Telephone

AVAILABILITY

Please indicate days and hours you are available for work

Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired: _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:

Weekends Yes No Holidays Yes No Overtime Yes No

Rotating Shifts Yes No On Call Yes No

Nazareth Home - Clifton does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran 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 understand employment is at will and either party is free to terminate the employment relationship at any time without cause.

I also understand 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 (3) days show satisfactory evidence of identity and eligibility for employment.

PLEASE REVIEW AND SIGN WHERE INDICATED. In making application for employment:

- I certify the information in this application is true and complete for all practical purposes. If employed, I understand that if it is later found that information on this application is false or incomplete that I could be subject to termination of employment without recourse.
- I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but is merely a statement of facility policies. I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I or Nazareth Home - Clifton will have the right to terminate employment at any time, for any reason and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material and terms and is signed by me and the CEO/Administration.
- If hired, I agree to abide by all rules and policies of Nazareth Home - Clifton to include working reasonable overtime and holidays as required by departmental scheduling, the method and schedule for payment of earnings, and the dress code.
- I understand that Nazareth Home - Clifton reserves the right to require its employees and new employees who have been given a conditional offer of employment to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspections of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search when requested to do so may result in termination of employment.

RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and so authorize the Registrar/ Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing boards to release full information concerning my licensure status and my licensure history.

Applicant Signature _____

Date _____

Mission Statement

A compassionate and welcoming community providing health and wellness services for adults and families, with an intentional focus on hospitality excellence.

This certifies that I have read, understand and agree, if hired to serve our residents under the guidelines of the mission statement of Nazareth Home - Clifton.

X _____



Nazareth Home - Clifton

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TO WHOM IT MAY CONCERN:

I have applied to Nazareth Home - Clifton for employment. I authorize you to issue Nazareth Home - Clifton any requested information regarding my employment record and/or character and unconditionally release your company from all liability which might result from responding to this request.

x

Signature

Date