24 Hour Nursing Care Individual Attention



Phone (530) 662-9161 124 Walnut Street Woodland, CA 95695 An Equal Opportunity Employer

Applicants will receive consideration for employment without regard to race, color, national origin, creed or religion, sex, marital status, age, handicap or any other personal characteristics protected by federal, state, or local law. We encourage the employment of veterans of the United States Armed Forces and all other qualified applicants.

False statements or omissions of requested information on this application form shall be considered sufficient cause for rejection during the hiring process. If false statements or omissions are discovered after hire, they shall be considered sufficient cause for termination of employment. Applicants will be considered at the time of receipt. If you wish to update your application or request additional consideration, you must contact the facility.

PERSONAL Please Print Clearly and in Ink Name: _ Last First Middle Address: _ City State Zip Code Street Phone(s): Social Security Number: _____ Are you authorized to work for wages in the United States? □ Yes □ No If you answered "Yes", you will be required to present documentation showing your employment authorization and identity. If you answered "No", you are not eligible for employment. Age is not used as a hiring criterion unless required by law. If you are under 18, you may be required to prove your age for some jobs where state safety standards make restrictions. You may be required to present a work permit. Alderson's is a drug free work place. You may be required to submit to drug testing if so required by this facility at any time. Have you been convicted of a criminal offense? Yes No If "Yes", state nature of conviction: _____ State of Probation: _____ Date of Conviction: Name of Probation Officer, if applicable: Phone Number: _____ Note: A conviction does not mean automatic rejection for employment. However, if you are on probation, we will contact your Probation Officer for a reference. Referral Source: □State Job Service □None-walk-in □Current Staff Member List Employee's Name WORK DESIRED Type of work or position(s) desired: _____ Type of work or position(s) desired: ______ Date available: ______ to______ to______ Scheduling: Normal office hours are maintained Monday through Friday. Every nursing facility must be staffed 7 days a week, 24 hours a day. Work schedules are varied and require flexibility. Based on our staffing needs, we may not always be able to accommodate your scheduling preferences. Therefore, please consider carefully all of your personal time commitments before responding to the following questions.

Check shift preference: Day Evening Night No preference, I can work any shift

□None □Day □Evening □Night

Can you rotate shifts: □Yes □No

2nd choice:

EDUCATION

List all education you would like considered in the evaluation of your application.

1. School/Location:					
Relevant courses: Type of Degree:					
2. School/Location:					
	Type of Degree:				
Relevant courses:					
3. School/Location:					
	Type of Degree:				
Relevant courses:					
Other Education (seminars, military schools, etc.):					
Review each column and check all items in which you have	e training (T) and/or experience (E).				
ТЕ	ТЕ				
□ Blood Pressure	☐ Admin. Of medicines				
□ T.P.R.	☐ Isolation technique				
□ Feeding disabled patient	□ Sterile technique				
☐ Transfer techniques	□ Reality orientation				
☐ Ambulation techniques ☐ Therapeutic activity program					
☐ Alignment & positioning☐ Range of motion	□ Use of P.T. in long term care□ Use of O.T. in long term care				
□ B & B Training	□ Charting				
□ Catheterization	□ Patient care plans				
List any additional skills you consider important:					
WORK EXP	PERIENCE/REFERENCES				
Have you ever worked for this facility? □Yes □No					
If yes, where?	Dates: From to				
osition held: Immediate Supervisor:					
List any relatives who currently work for Aldersons:					
Aldersons will not employ relatives in positions where a direct su					
List most recent employer first; include military service of a have paid work experience with four employers (Write "T"	among last four jobs. You may list volunteer experience. If you do not in the salary column).				
	Phone Number:				
Dates Employed: From to I-	ob Title:				
	ob Title:				
Saidi y Reason for Leaving:					
May We Contact for a Reference? □Yes □No If No, exp	plain				

= :		Phone Number:				
		I.1 T'41.				
Supervisor's Name/Job 11	ue:					
Primary Job Duties:						
Salary:	Reason for Leavin					
May We Contact for a Ref	ference? Yes No I					
Employer:			Phone Number:			
Address:						
Supervisor's Name/Job Ti	tle:					
Primary Job Duties:						
Salary:	Reason for Leavin	ng:				
May We Contact for a Ref	ference? □Yes □No If N	No, explain				
		LICENSURE				
-	his section if a license i	s required to perform the d	uties of the job for which you ar			
Licensed Certification	State	Number	Expiration Date	Leave Blank		
Driver's License						
R.N.						
L.V.N.						
C.N.A.						
Other						
If you don't have the required is required, give so If not licensed in this state	cheduled date:					
•		and employees, employments	ent is subject to a successful heater job.	alth screening and/or		
considered cause for reject passing a physical exam, f I agree to conform to the reterminated with or without that no representative of	tion in the hiring procestion in the hiring process avorable references and rules, procedures and ret cause, and with or with Aldersons other than the	ss or termination of employ documentation of my righ gulations of Aldersons. I u hout notice, at any time, at ne President or Vice President	statements. I understand that a yment. I further understand my it to work in the U.S. In considerand that my employment the option of either of Compardent of the Company has any agreement contrary to the forgoing	remployment is subject to cration of my employment and compensation can buy or myself. I understandauthority to enter late an		
Signature]	Date		
*******	*******	*******	*********	*******		
	DO	NOT WRITE BELOW	THIS LINE			
Interviewed By:		Joh Tido		Date:		
Name:Notes/Comments:	·	500 1106		Daw		
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