

If your response to any of the preceding three questions was YES , give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.)

Date you can begin work _____

Shifts you can work: 1ST (7 AM-3 PM)
 2ND (3 PM-11 PM)
 3RD (11 PM-7 AM)

Will you work overtime whenever scheduled or requested? YES _____ NO _____

Have you ever been employed by this Nursing Home? YES _____ NO _____

If yes, give position and dates employed: _____

Would you accept part-time-work? YES _____ NO _____

Would you accept temporary work? YES _____ NO _____

Special skills you possess:

Business machines and/or Enterprise Health & Rehabilitation Center equipment you can operate (key punch machines, tabulating machine, billing machine, or medical equipment):

Typing: Approximate WPM _____

Shorthand: Approximate WPM _____

Long-range occupational goals: _____

Record of Education:

EDUCATION	DID YOU FINISH? (IF NOT, INDICATE GRADE COMPLETED)	NAME OF SCHOOL AND LOCATION	MAJOR SUBJECTS
High School			
College			
School of Nursing			
Special Schooling or Training			

(Amount of education considered necessary will vary according to job applied for.)

Professional Licenses and Certificates:

TYPE	STATE	ISSUED	DATE	NUMBER

Employment History:

List all previous employers for whom you have worked during the last five years. Explain any lapses between times when employed.

NAME AND ADDRESS OF EMPLOYERS (START WITH THE MOST RECENT) & PHONE #S	MONTH & YEAR	SALARY	POSITION & LOCATION	SUPERVISOR	REASON FOR LEAVING
1.	FROM				
	TO				
2.	FROM				
	TO				
3.	FROM				
	TO				
4.	FROM				
	TO				
5.	FROM				
	TO				

Comments regarding lapses, if applicable _____

Have you ever been discharged from a job or forced to ask to resign? YES _____ NO _____

If yes, explain: _____

Have you ever been counseled, verbally or in writing, for violation of a prior employer's safety rules? YES _____ NO _____

If yes, explain: _____

Have you ever been counseled, verbally or in writing, for violation of any company policy of a prior employer? YES _____ NO _____

If yes, explain: _____

Military Service Record

The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations.

Are you a member of a Reserve or National Guard Unit? YES _____ NO _____

Were you in the U.S. Armed Forces? YES _____ NO _____

If yes, what branch? _____ Type of Discharge _____

Dates of Duty: From _____ To _____

List duties in the military or special training that prepared you for the position you are seeking:

I hereby state that the information given by me in this application is true in all respects. I agree that, if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the Enterprise Health and Rehabilitation Center's current policies.

I understand that the Enterprise Health and Rehabilitation Center reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection 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 tests or search, when requested to do so, may result in termination of my employment.

I understand and agree that, if I am offered employment by Enterprise Health and Rehabilitation Center, my employment will be for no definite term and that either I, or Enterprise Health and Rehabilitation Center, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice and that this relationship can only be modified in writing and signed by the Administrator.

Date: _____

(Signature)

Enterprise Health and Rehab

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P.O. Box 311227
Enterprise, Alabama 36331-1227
Tel. (334) 347-9541

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employee selection process, Enterprise Health and Rehab routinely obtains consumer reports and/or credit information on applicants for employment and employees applying for promotions. The information contained in these reports may be used to deny an individual employment with Enterprise Health and Rehab or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize Enterprise Health and Rehab, by and through an independent contractor, Steve Weekly (the "Agency") to procure a consumer report and/or investigative consumer report on me.

these above mentioned reports may include, but not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and/or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15 U.S.C. 1681 et seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Enterprise Health and Rehab, by and through the Agency, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency the information itself or received it from other sources.

I hereby release Enterprise Health and Rehab, the Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Printed Full Name: _____ Date: _____
First Middle Last

Maidee or Other Names Used: _____

Signed Name: _____ Date: _____

Current Address:

Street/P. O. Box _____ City _____ State _____ Zip Code _____ COUNTY _____ Dates _____

Former Address:

Street/P. O. Box _____ City _____ State _____ Zip Code _____ COUNTY _____ Dates _____

Former Address:

Street/P. O. Box _____ City _____ State _____ Zip Code _____ COUNTY _____ Dates _____

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: * _____ Gender: * _____