



PARK POINTE
Healthcare & Rehabilitation Center

Today's Date: _____

Your name: _____

Application for Employment



PARK POINTE

Healthcare & Rehabilitation Center

The following information is requested to help us make the best possible placement of employees within the Facility. Complete all portions of this application. This Facility, in accordance with the state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental, physical disability, veteran's status, citizenship, or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristics.

Full Name: _____ Today's Date: _____

Position applied for: (select all interests) CNA LPN RN Resident Attendant
Dietary Aide Cook Housekeeping Laundry Maintenance
Receptionist Activity Aide Any Other _____

Social Security Number _____

Email: _____ (to receive employee notices)

Home Phone Number: _____ Cell No: _____

Which do you prefer we use: home or cell? _____ Alternate Phone Number: _____

Mailing Address: _____

Physical Address if different: _____

City: _____ State: _____ Zip: _____

Employment desired: Full-Time Part-Time Weekends only Any available

CNAs Only: **5:30am – 6 pm** **12:30pm – 9pm** **6pm – 6:30 am** **Prefer _____?**

Can you work: 6:30am – 3pm 2:45 – 11:15pm 11pm – 7:30 am Prefer: _____?

Do you understand it might be necessary for you to work WEEKENDS AND HOLIDAYS? Yes No

Can you work overtime if required? Yes No

When will you be available for work?

Have you worked for this company before? Yes No

If yes, when?



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Education:

School	Name/Location	Number of years attended	Diploma/Degree
High			
College			
Other			

References— (Nurses and CNAs: Please list an instructor.)

Name and Relationship (no relatives please)	Telephone	Years known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office held

List special accomplishments, publications, awards. (Exclude memberships which reveal sex, race, religion, national origin, age, color, disability or other protected status.)



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Employment History: (please start with present or most recent employer)

Name of Employer: _____ **Phone:** _____

Address: _____ **City/State** _____ **Zip** _____

Your job title: _____

Start Date: _____ **Date Left:** _____

Reason for leaving: _____

Name of Supervisor: _____ **May be contacted:** Yes No

Name of Employer: _____ **Phone:** _____

Address: _____ **City/State** _____ **Zip** _____

Your job title: _____

Start Date: _____ **Date Left:** _____

Reason for leaving: _____

Name of Supervisor: _____ **May be contacted:** Yes No

Name of Employer: _____ **Phone:** _____

Address: _____ **City/State** _____ **Zip** _____

Your job title: _____

Start Date: _____ **Date Left:** _____

Reason for leaving: _____

Name of Supervisor: _____ **May be contacted:** Yes No

Comments (including explanation of any gaps in employment) _____

Summarize special job-related skills and qualifications acquired from employment or other experience.

How did you hear about us? Newspaper Ad Employee (Name: _____)



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Website –which? _____ Walk-in Other

Best time to call you: _____

Are you on lay-off or subject to recall? Yes No

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

Are you able to perform the essential functions for the job for which are applying (see the job description and lifting requirements for your job), with or without reasonable accommodations? Yes No

List any additional information you would like us to consider.

ACKNOWLEDGMENT AND AUTHORIZATION

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 for employment as may be necessary in arriving at an employment decision. I also understand that my employment is contingent upon the results of my physical examination, licensure and/or certification, reference and criminal background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any 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, with 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. Note, where any portion of this statement is inconsistent with an applicable collective bargaining agreement, the collective bargaining agreement will govern.

In the event of employment, I understand that false or misleading information given in my 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

Date



VERIFICATION OF PRIOR EMPLOYMENT

Please fax to: 815-416-6501 attention HR Dept.

Park Pointe Healthcare and Rehabilitation Center, 1223 Edgewater Dr., Morris, IL 60450

Applicant: Please complete the first three lines below

I authorize all previous employers to release information to Park Pointe Healthcare and Rehabilitation Center.

Your name: _____ Last 4 digits of social security number: _____

Did you have different last name when previously employed? _____

Your Signature: _____

To be completed by Park Pointe Healthcare and Rehabilitation Center:

Position applied for: CNA LPN RN Dietary Aide Cook
 Therapy Housekeeping Laundry Maintenance Receptionist
 Activity Aide Resident Attendant Other _____

To be completed by former employer: All information received will be held in strict confidence.

Was the applicant an employee of your company? Yes No Position: _____

What were their dates of employment? Start date: _____ End Date: _____

What was the reason for leaving? _____

Did they give you any notice? Yes No Comment: _____

Would you rehire this person? Yes No Comment: _____

PLEASE RATE APPLICANT ON THE FOLLOWING CHARACTERISTICS:

Work Performance	Excellent	Very Good	Average	Fair	Poor
Attendance	Excellent	Very Good	Average	Fair	Poor
Dependability	Excellent	Very Good	Average	Fair	Poor
Position Suitability	Excellent	Very Good	Average	Fair	Poor

PERSON PROVIDING DATA: Name and Title: _____

Company Name: _____

Phone: _____ Fax: _____

Park Pointe Healthcare and Rehabilitation Center Rep: _____ Date: _____