MOUNT MACRINA MANOR APPLICATION FOR EMPLOYMENT

520 West Main Street - Uniontown, PA 15401

Revised: 01/14

PERSONAL INFORMATION Last Name ______ First _____ Middle Initial ___ Social Security Number _____ Other names you have used _____ Address _____ City State Street Zip Code Telephone Number Email Address Have you lived outside the State of Pennsylvania in the last 2 years? Yes { No { Have you ever worked for this Facility? Yes { No { Dates of employment: From ______to _____to _____to Certification/Professional License # _____ State(s) currently valid _____ If under 18 years of age, do you have a work permit? Yes { No { If yes, please provide a copy of the work permit. Are you aware of any reason why you cannot perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Have you ever been convicted of a crime? Yes { No { If yes, please describe fully the criminal conviction(s), listing the nature of the offense, your age at the time of the offense, and your rehabilitation since the conviction(s). (A conviction record will not necessarily be a bar to employment.) Have you ever been dismissed from employment due to abuse of a client or resident (including a physical, mental or sexual abuse, neglect, abandonment or exploitation)? Yes { No { EMPLOYMENT DESIRED Position(s) applied for: RN LPN CNA Housekeeping/Laundry Dietary Maintenance/Security Salary/Hourly wage you are seeking ______ Will accept Full-time _____ Part time _____ Other_____ Specify days and hours, if part-time Please include any information you think would be helpful to us in considering you for employment, such as work exp. activities, accomplishments etc.:

Were you referred to our Facility by an employee? Yes { No { if yes, please provide his/her name ______

Other

 EDUCATION HISTORY

 Name and Address
 Grade Completed
 Diploma

 High School
 9
 10
 11
 12

 College
 1
 2
 3
 4

EMPLOYMENT HISTORY

List below your work ex all periods of unemploy			nost recent employer) for	the past (10) years. P	lease account for
Name of Employer					
Address of Employer _	Street		City	State	Zip Code
Telephone Number		Supervisor		Job Title	
Starting Salary	Finish		Date of Employment:	/ / to /	<u> </u>
Reason for Leaving					
Briefly describe your jol	o duties				
If the above is your cur	rent employer, may w e	e contact them?	Yes { No {		
Name of Employer					
Address of Employer _	Street		City	State	Zip Code
Telephone Number		Supervisor		Job Title	
Starting Salary	Finish		Date of Emplo	oyment: <u>/ / /</u>	to <u>/ /</u>
Reason for Leaving					
Briefly describe your jol	o duties				
Name of Employer					
Address of Employer _			0.1	01.4	
Telephone Number	Street	Supervisor	City	State _ Job Title	Zip Code
Starting Salary	Finish		Date of Employment:	/ / to	/ <u>/</u>
Reason for Leaving					
Briefly describe your jol	o duties				

ACKNOWLEDGEMENT

Unless otherwise noted, I hereby give permission to Mount Macrina Manor to investigate any and all the information on the application for employment. I also understand that, if employed, any false information on this application may result in my immediate dismissal.

I further authorize any previous employers, personal references, educational institutions and police departments to provide Mount Macrina Manor with all requested information, and I release Mount Macrina Manor from any liability connected with the submission or use of this information.

Furthermore, I understand that I may be asked to work different or rotating shifts, weekends and holidays regardless of what my starting work schedule may be. I understand that if I am asked to work different shifts or days, and I refuse to do so, that such refusal may be cause for my immediate dismissal.

I understand and agree that it is necessary for me to have a Physical Examination, which will be my financial responsibility. I hereby consent to undergo that Physical Examination which may include any and all tests and procedure determined by Mount Macrina Manor to be helpful in evaluating my suitability for employment. Also, I understand and agree that it is necessary for me to have a Two-Step PPD Test to confirm that I am free of tuberculosis.

Mount Macrina Manor is an Equal Opportunity Employer; Federal law prohibits discrimination in employment practices and no question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, disability or genetic information.