

12284 DePaul Dr  
Bridgeton, MO 63044

# APPLICATION FOR EMPLOYMENT

*This facility is an equal opportunity employer. We recruit, hire, train, and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or handicap.*

PLEASE PRINT ALL REQUIRED INFORMATION.

Date Completed \_\_\_\_\_

<b>EMPLOYMENT DESIRED</b>	POSITION OR TYPE OF WORK _____			
	SEEKING			
	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> DAY	<input type="checkbox"/> WEEKENDS
<input type="checkbox"/> PART TIME, SPECIFY DAY & HRS PER WEEK _____	<input type="checkbox"/> SUMMER	<input type="checkbox"/> EVENING	<input type="checkbox"/> HOLIDAYS	
<input type="checkbox"/> PER DIEM POOL	<input type="checkbox"/> WEEKEND OPTION	<input type="checkbox"/> NIGHT	<input type="checkbox"/> LIVE-IN	
ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>PERSONAL INFORMATION</b>	LAST NAME				FIRST	MIDDLE	OTHER NAMES BY WHICH YOU HAVE BEEN EMPLOYED		
	ADDRESS (NO. STREET)				CITY		STATE		ZIP
	TELEPHONE NUMBER ( ) ( )		ALTERNATE NUMBER ( ) ( )		EMAIL ADDRESS				
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				HOW DID YOU LEARN ABOUT US				
	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO				NEWSPAPER AD <input type="checkbox"/> (Please Specify) _____				
					OTHER PUBLICATION <input type="checkbox"/> (Please Specify) _____				
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY: <input type="checkbox"/> ASSISTED LIVING OF BRIDGETON (MIZPAH MANOR) <input type="checkbox"/> TOWER GROVE MANOR <input type="checkbox"/> FRANCIS PLACE <input type="checkbox"/> BROOKING PARK <input type="checkbox"/> ST. PAUL'S SENIOR COMMUNITY <input type="checkbox"/> THE SARAH COMMUNITY COMMUNITY <input type="checkbox"/> THE WILLOWS <input type="checkbox"/> NEW FLORENCE NURSING & CARE CENTER <input type="checkbox"/> CAPE ALBEON <input type="checkbox"/> SENIOR SOLUTIONS <input type="checkbox"/> ST. ANDREWS MANAGEMENT SERVICES DATES EMPLOYED FROM _____ TO _____				JOB FAIR/OPEN HOUSE <input type="checkbox"/> SCHOOL <input type="checkbox"/> _____				
					FACILITY EMPLOYEE <input type="checkbox"/> (Please specify) _____				
					OTHER <input type="checkbox"/> (Please Specify) _____				
					LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY US:				
				NAME	RELATIONSHIP		DEPT		
				NAME	RELATIONSHIP		DEPT		
MAY WE SHARE YOUR APPLICATION WITH OTHER ST. ANDREW'S COMMUNITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO									
DO YOU HAVE THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PLEASE EXPLAIN) _____									
INDICATE ANY REASONABLE JOB ACCOMMODATIONS THAT MAY BE MADE TO BETTER ENABLE YOU TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING:									
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE DETAILS (Conviction does not necessarily disqualify you from employment. The nature of the crime, date of conviction, and extenuating circumstances are considered.)									

PLEASE LIST YOUR JOB HISTORY FOR **THE PAST TEN YEARS OR LAST FOUR EMPLOYERS**; STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. INCLUDE MILITARY SERVICE. DO NOT INCLUDE INTERNSHIPS OR EXPLANATIONS OF PERIODS OF UNEMPLOYMENT; INCLUDE THOSE IN SECTION "ADDITIONAL INFORMATION" ON PAGE 3.

**EMPLOYMENT HISTORY**

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	_____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ZIP _____	STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	_____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ZIP _____	STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	_____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ZIP _____	STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

FROM (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ _____	IMMEDIATE SUPERVISOR NAME _____ TITLE _____ PHONE # _____
TO (MONTH/YEAR)		
LAST SALARY	_____	IF PRESENT EMPLOYER, MAY WE CONTACT ? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ZIP _____	STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> AS NEEDED
POSITION TITLE _____		
DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES _____		
REASON FOR LEAVING _____		

<b>EDUCATION</b>	HIGH SCHOOL (NAME AND CITY)		ATTENDED	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF GED DATE RECEIVED
	COLLEGE OR OTHER SCHOOLS	LOCATION (CITY/STATE)	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERT	COURSE OF STUDY

<b>PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION</b>	TYPE OF LICENSE, REGISTRY OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	EXPIRATION DATE

IF NOT CURRENTLY REGISTERED, LICENSED, OR CERTIFIED, ARE YOU ELIGIBLE?  YES  NO

WHEN WILL YOU/DID YOU SIT FOR YOUR EXAMINATION? DATE \_\_\_\_\_

<b>SPECIAL SKILLS</b>	<input type="checkbox"/> PERSONAL COMPUTER	<input type="checkbox"/> CNA	<input type="checkbox"/> TYPING _____ WPM
	<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> HOMEMAKER	<input type="checkbox"/> TRANSCRIPTION
	<input type="checkbox"/> CRT	<input type="checkbox"/> HOUSEKEEPING	<input type="checkbox"/> SHORTHAND _____ WPM
	<input type="checkbox"/> HOME HEALTH AIDE	<input type="checkbox"/> ESCORT	<input type="checkbox"/> MEDICAL TERMINOLOGY

HARDWARE USED \_\_\_\_\_

SOFTWARE USED \_\_\_\_\_

OTHER SPECIAL SKILLS \_\_\_\_\_

<b>ADDITIONAL INFORMATION</b>	PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE APPLICABLE, eg, INTERNSHIPS, MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, ADDITIONAL RELEVANT EMPLOYMENT, AND EXPLANATION OF ANY GAPS IN EMPLOYMENT. EXCLUDE ANY INFORMATION WHICH WOULD DENOTE RACE, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, RELIGIOUS, OR POLITICAL AFFILIATIONS.

PERSONAL REFERENCES

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

APPLICANT'S CERTIFICATION AND AGREEMENT

**PLEASE READ CAREFULLY BEFORE SIGNING**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, ancestry, sexual orientation, or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me if I am offered employment or at any time during my employment. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor, or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

NAME		POSITION			
DEPARTMENT		EMPLOYEE STATUS <input type="checkbox"/> PER DIEM <input type="checkbox"/> WEEKEND <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> CASUAL PART TIME <input type="checkbox"/> PRN			
BI-WEEKLY HOURS	CLASSIFICATION <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	SHIFT		SHIFT DIFFERENTIAL	
START DATE		TIME TO REPORT ON FIRST DAY		ORIENTATION DATE	
SALARY/HOURLY WAGE	EXEMPT/ANNUAL SALARY	NEW POSITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> FOR			

\_\_\_\_\_  
HUMAN RESOURCES DEPARTMENT

\_\_\_\_\_  
DATE

INTERVIEWED BY: NAME \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY: NAME \_\_\_\_\_ DATE \_\_\_\_\_

**The Sarah Community**

If I accept employment at The Sarah Community, (subject to satisfactory pre-employment physical requirements and background checks), I understand and agree that any misrepresentation by me in my application will be sufficient cause for cancellation of the application and/or separation. I voluntarily give The Sarah Community permission to make a thorough investigation of my past employment and all other facts stated below. I release from liability or responsibility all persons, places of business, and municipalities supplying such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ SS#: \_\_\_\_\_

The person named above has applied for a position with The Sarah Community as a \_\_\_\_\_ and has stated he/she was in your employ from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_. We would appreciate your completing this form and returning it at your earliest convenience.

Human Resources Department

Are the above dates correct? If not, please list correct dates below:  
from \_\_\_\_\_ to \_\_\_\_\_  
Please indicate number of hours employee worked per week \_\_\_\_\_ Reason for separation \_\_\_\_\_

Would you reemploy? Yes \_\_\_ No \_\_\_ If not, why? \_\_\_\_\_

<b><u>Factors</u></b>	<b><u>Exceptional</u></b>	<b><u>Satisfactory</u></b>	<b><u>Fair</u></b>	<b><u>Unsatisfactory</u></b>
Quality of Work	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____
Attendance record	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____

Are there any unusual circumstances surrounding this person's employment which should be discussed personally? Yes \_\_\_ No \_\_\_

Were there are accusations of misconduct that were investigated and affirmed? Yes \_\_\_ No \_\_\_ If yes, please describe. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

EMPLOYEE REFERRAL FORM

To be completed by APPLICANT

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Employee name who referred you: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date

To be completed by EMPLOYEE

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

My knowledge of the above applicant is based on our prior work association, friendship, or referral and recommendation by a mutual friend. Explain:

\_\_\_\_\_  
\_\_\_\_\_

My personal assessment of this applicant's potential for meeting the position requirements (qualifications, interests, motivation, etc...) is as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

To be completed by DEPARTMENT HEAD;  
SUBMIT to HR Director to process

SUBMIT

Applicant contacted:  Yes  No Interviewed:  Yes  No

Results of Interview:  Yes  No Orientation: \_\_\_\_\_ DOH: \_\_\_\_\_

Referral fee approved:  Yes  No \_\_\_\_\_  
Dept. Head Signature Date

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, **The Sarah Community (TSC)** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history, and qualifications. This agency will provide a written report of its findings to **TSC** uses **Sterling**, a consumer-reporting agency, as an agent to perform its employment related background investigations.

**Sterling** will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, and professional and personal references. I agree, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to **TSC** and **Sterling**.

I agree, authorize, and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **TSC** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **TSC**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Sterling**, 1 State Street Plaza 24th Floor, New York, NY 10004. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Driver's License Number/State ID# State

Male  Female

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address:	Street	Apt.#	City	State	Zip Code	Mo./Yr. / Mo./Yr
						From / To
Former Address:	Street	Apt.#	City	State	Zip Code	From / To
Former Address:	Street	Apt.#	City	State	Zip Code	From / To
Former Address:	Street	Apt.#	City	State	Zip Code	From / To