

Application for Employment

# Randolph Home

Randolph County Nursing Home is a non-profit facility committed to providing the highest quality of care in a safe, home-like environment. We will care for the physical, social, emotional, and spiritual needs of the residents in our facility. We want to be a leader in providing compassionate, quality care focusing on the unique needs of our residents and their families.

This application for employment will not be considered unless fully completed.

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Maiden Name                      Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip

( ) \_\_\_\_\_  
Telephone No.

( ) \_\_\_\_\_  
Alternate Telephone No.

Yes  No   
Have you ever been employed by  
this company?

If yes: \_\_\_\_\_  
Date of Employment

\_\_\_\_\_  
Reason for leaving

\_\_\_\_\_  
Name Employed Under if Now Different

\_\_\_\_\_  
Position You Are Applying For

\_\_\_\_\_  
Rate of Pay Expected

\_\_\_\_\_  
Date You Can Start Work

Are you 18 years of age or older?  
Yes  No   
If under 18, applicant will be required to  
submit a birth certificate or a work certificate  
as required by the state and federal laws.

Type of Job you are seeking: Extra Time  Full-time   
Note: Extra time is less than 28 hrs/wk

Can you, after employment, submit  
verification of your legal right to  
work in the United States?                      Yes  No

Check the highest level or equivalent of education completed:

High School: 9  10  11  12

College/Tech: 1  2  3  4

Are you currently a student? Yes  No

Name, location of college, university, or vo-tech attended: \_\_\_\_\_

**Equal Opportunity Employer**

If assistance in the application or hiring process is needed  
to accommodate a disability, please advise us.

EMPLOYMENT HISTORY – Starting with your present employer, list your entire employment history. For any unemployment or self-employed periods, show dates and location. (Attach additional sheets if necessary.)

Company Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Your Job: _____ Supervisor's Name: _____ Dates From: _____ Employed To: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____
Company Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____	Your Job: _____ Supervisor's Name: _____ Dates From: _____ Employed To: _____	Last Pay Rate: _____ Reason for Leaving: _____ _____
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List your hobbies, if any: \_\_\_\_\_

\* If currently employed, may we contact your employer? Yes  No

\* Have you ever been convicted of a felony? Yes  No

\* Have you ever been disciplined, reprimanded or had legal action taken against you because of your violent behavior? Yes  No

\* Have you ever been convicted of any type of theft or fraud? Yes  No

AVAILABILITY – To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day.

If yes, identify the crime for which you were convicted, the date of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as a part of an overall evaluation of your qualifications.

DAY	EARLIEST TIME	LATEST TIME
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

List two (2) people (no relatives) with whom you have worked and who we may contact for a reference if necessary.

Name: _____	
Occupation: _____	
Phone No. _____	Street: _____ City: _____ State: _____
Name: _____	
Occupation: _____	
Phone No. _____	Street: _____ City: _____ State: _____

Are you available to work nights? Yes  No

**IMPORTANT – We are glad you are interested in joining us in this important work.**

Please read the following statements carefully before you sign and return this application.

The company, in considering my application for employment, may verify the information set forth on this application and obtain additional background information where legal relating to my background. I authorize all persons, schools, employers, companies, corporations, credit bureaus, C.N.A. register, and law enforcement agencies to supply any information concerning my background. I have read, understand, and agree to this statement (please initial here). \_\_\_\_\_

I understand that this facility has a commitment to maintain an alcohol/drug-free workplace and that unless prohibited by state law, the facility requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand, and agree to this statement (please initial here). \_\_\_\_\_

I certify that the information on this application is correct and I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF ANY INFORMATION WILL RESULT IN MY DISQUALIFICATION from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the facility can terminate my employment at any time with or without reason. I further understand that no one has the authority to enter into employment contract or agreement with me, and that at-will employment can be changed only by a written agreement signed by the Administrator. I have read, understand, and agree to this statement (please initial here). \_\_\_\_\_

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and return it here. Otherwise, the company will not consider me for employment after this application expires.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature as shown on Social Security Card

# RANDOLPH HOME

1405 Hospital Drive  
Pocahontas, Arkansas 72455  
870-892-5214

## EMPLOYEE CONSENT TO DISCLOSURE OF EMPLOYMENT HISTORY

I \_\_\_\_\_, hereby give consent to \_\_\_\_\_ to provide  
(Previous Employer)

information with regard to my employment to Randolph Home which is conducting an inquiry.

\_\_\_\_\_  
(Signature of Applicant) (Social Security Number) (Date)

Name of Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of your immediate supervisor: \_\_\_\_\_

Period of employment: \_\_\_\_\_ to \_\_\_\_\_

.....  
TO CURRENT OR FORMER EMPLOYER: Please answer the following questions and state any other employment information pertinent to this applicant.

Does the above information agree with your records? \_\_\_\_ If not please state any discrepancies.

Dependable? yes no Eligible for rehire? yes  no Clean?  yes  no

Gets along with others?  yes  no Shows initiative?  yes  no

Quality of work:  excellent  good  fair  poor

Quantity of work:  excellent  good  fair  poor

Reason applicant left employment: \_\_\_\_\_

Statements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Name of person completing form) (Title) (Date)

