



OAKVIEW MANOR
Health Care & Rehab Center

HeartfeltCare.

Employment Application

Drug testing is required for employment.

Oakview Manor Health Care is an equal opportunity employer.

This application will remain in active status for 30 days.
If you wish to maintain an active status, please contact the personnel office within 30 days from the date of application.

PERSONAL DATA

Name	First	Middle	Last
Phone Number	Area Code ()	Social Security Number	
Address (Number and Street)			How Long There?
City	County	State	Zip Code
Former Address (Number and Street)			
City	County	State	Zip Code
Position Applying For:	Salary Requirements \$	Date Available / /	
Have you previously worked for Oakview Manor?	When?	Position Held?	
Do you have relatives employed by Oakview Manor?	Name:		
Are you authorized to be employed in the United States: <small>(All offers of employment are contingent upon verification of employment eligibility under the Immigration Reform and Control Act of 1986)</small>	Yes	No	
Are you under 18 years of age?	Yes	No	
Are you able to perform the essential function of the job for which you are applying with or without reasonable accommodation?	Yes	No	If no, please explain: (use back of form if necessary)

EDUCATION / LICENSES

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 (High School graduate) 13 14 (Technical/Vocational School) 15 (College Freshman) 16 (College Sophomore) 17 (College Junior) 18 (Bachelor degree) 19 (Master Degree) 20 (Ph.D)

Are you currently attending school? Month Year
If yes, estimated graduation date:

COLLEGE INFORMATION

HIGH SCHOOL INFORMATION

College/University Attended:	Name of School:
Undergraduate Major Field:	Location:
Degree Received: Yes No	Major Courses Taken:
Graduate Major Field:	Diploma Received: Yes No
Graduate College/University Attended:	APPRENTICE, BUSINESS, TECHNICAL OR VOCATIONAL SCHOOL
Degree Received: Yes No	Name of School:
List any Professional or Occupational Licenses:	
Have you ever had your license revoked or suspended? Explain:	
If presently enrolled in school, indicate field of study:	Diploma/Certificate Received: Yes No
Describe any definite plans for further study:	

PREVIOUS EMPLOYMENT

List most recent Employer first. Include breaks in employment or periods of employment

Company Name:	From: / /	To: / /	Job Title:	Starting Salary:
Number and Street	Phone: ()		Supervisor:	Final Salary:
City and State:		Zip Code:	Reason for leaving:	
Company Name:	From: / /	To: / /	Job Title:	Starting Salary:
Number and Street	Phone: ()		Supervisor:	Final Salary:
City and State:		Zip Code:	Reason for leaving:	
Company Name:	From: / /	To: / /	Job Title:	Starting Salary:
Number and Street	Phone: ()		Supervisor:	Final Salary:
City and State:		Zip Code:	Reason for leaving:	

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please explain:

Unemployment Record	From - Month/Year	To - Month/Year	Brief statement covering this period, if applicable
List all intervals of unemployment, if any during the last 10 years.	/	/	
	/	/	
	/	/	

MILITARY

Have you ever served in the United States Military, Reserves, or National Guard?

Yes No

Branches of Service:

Highest Rank:

Indicate any skills or training acquired during military services you feel might be of interest or value to Oakview Manor:

PERSONAL HISTORY

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

This information will not necessarily bar an applicant from employment.

Have you ever been arrested for any offense involving sexual abuse, negligence, improper relations with patients or customers, or other offense involving the giving of care to patients or customers?

Yes No

This information will not necessarily bar an applicant from employment.

If yes, please explain fully including the date, place, nature of the crime, and the date of conviction and completion of any sentence. (Add additional sheets if needed.)

Have you ever been licensed under, practiced professionally under, or used a different name? If so please explain in detail.

REFERENCES

Give name, address, and telephone of three references who are not related to you and are not a previous employer.

Name:		Address:	
City:	State:	Zip Code:	Phone Number: ()
Name:		Address:	
City:	State:	Zip Code:	Phone Number: ()
Name:		Address:	
City:	State:	Zip Code:	Phone Number: ()

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND COMPLETING THE APPLICATION.
RELEASE, PRIVACY STATEMENT, AND AGREEMENT TO ARBITRATE ALL CLAIMS.**

I understand that Oakview Manor Health Care (the "Company") requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Oakview Manor to investigate my past employment, criminal record, credit, educational credentials, and other employment related activities. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied. I also agree to submit to any drug or alcohol testing which is required to qualify for employment with the Company.

I understand that this application is not an offer of employment and that by accepting my completed application, the Company does not guarantee that I will be offered a job. I also understand that if I am offered a job, the Company reserves the right to make such changes in the terms and conditions of my employment as the Company determines to be necessary or appropriate.

I understand that an employment with Oakview Manor would be an employment at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and the Company has the same right with regard to terminating my employment. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other company materials do not create any guarantee of employment nor contractual rights, express or implied. I also understand and agree that policies may be changed at any time with or without notice.

I certify that all the information I am supplying on this application is true and complete in all respects and that I am submitting this information and any other information during the application process so that the Company can rely on this information in making employment decisions. I understand that, if I am employed, any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations, regardless of when discovered by the Company, will be grounds for immediate disqualification or discharge. I understand also that I am required to abide by all rules and regulations of the Company.

I further understand that any offer of employment may be contingent upon successfully completing a medical evaluation indicating that I am able to perform the essential functions of the job, with or without reasonable accommodations.

In consideration for the Company's agreeing to accept my application for consideration, I acknowledge and agree that any controversy or claim that I may have as an applicant shall be submitted, unless barred by the National Labor Relations Act, to binding arbitration before a single arbitrator with the arbitration to be conducted pursuant to the provisions of the Commercial Arbitration Rules of the American Arbitration Association then in effect. I agree that (I) my application for employment; (II) my employment, if I am subsequently hired by the Company; and (III) the business of the Company affects or has direct impact upon "interstate commerce" as defined in the Federal Arbitration Act, 9 U.S.C. #1, and that this provision is enforceable thereunder. All costs and expenses of arbitration, including compensation expenses of the arbitrator, shall be borne by the parties equally.

I acknowledge that I have read, understand and agree to abide by the terms of the above RELEASE, PRIVACY STATEMENT, AND AGREEMENT TO ARBITRATE ALL CLAIMS.

_____ / _____ / _____

Signature of Applicant Date