



DEACONESS ASSOCIATIONS INCORPORATED

Compassionate PEOPLE Responsive HEALTHCARE Excellent SERVICE

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

INSTRUCTIONS: Please PRINT all answers in ink or type. Mark those questions, which do not apply to you as "N/A". Carefully read the statement at the end of the application and sign your name.

Last Name First Name Middle Initial Current Address (No. and Street) Apartment No. City State Zip Home Phone No. ( ) Alternate Phone No. ( ) Social Security No. Other names under which you have previously been employed: Are you at least 18 years of age? [ ] Yes [ ] No

Are you eligible to work in the U.S.? [ ] Yes [ ] No Were you previously employed by this company or any of its affiliates? [ ] Yes [ ] No If yes, Location(s)? Year(s)? Position(s) held? Are you related to anyone employed by this company or its affiliates? [ ] Yes [ ] No If yes, give name(s) and relationship(s): Have you ever been convicted of a Felony? [ ] Yes [ ] No If yes, please explain: (A felony conviction will not necessarily disqualify you from consideration)

Position Applied For: (1) Position Applied For: (2) If applying for a position that requires driving, do you have a valid Drivers License? [ ] Yes [ ] No Drivers License #: State of Issue: Expiration Date: Are you looking for: [ ] Full time [ ] Part time What shifts are you willing to work? [ ] 1st [ ] 2nd [ ] 3rd [ ] Any Are you willing to rotate weekends? [ ] Yes [ ] No If yes, what shift(s) are you available? [ ] 1st [ ] 2nd [ ] 3rd [ ] Any Date available? Desired Salary?

FOR OFFICE USE ONLY (TO BE COMPLETED ONLY IF APPLICANT IS HIRED)

Location Department Hire Date Title [ ] FT [ ] PT [ ] PRN [ ] Other File No. Badge No. Base Compensation \$ [ ] Salaried (Exempt) [ ] Hourly (Non-Exempt) Rehire? [ ] YES [ ] NO Federal Taxes: Filing Status [ ] Married [ ] Single Exemptions Add'l Withheld Shift Differentials: Rate 1 Rate 2 Rate 3 State Taxes: Filing Status [ ] Married [ ] Single Exemptions Add'l Withheld Local Taxes: City Degree Yr: [ ] Associates [ ] Bachelors [ ] Masters [ ] Other EEO Class: [ ] W [ ] B [ ] A [ ] NH/PI [ ] AI/AN [ ] H Birthdate: (Month/Day/Year) Hired By: Approved By: Date: (Signature)

## EDUCATION

Please circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12  
Grade or High School

1 2 3 4 5 6+  
College

List all schools attended: high school, technical/vocations, college, business and military.

Type of School	Name and Address of School	General Information	Major/ Specialty
High School	Name _____	GPA _____	
	Street _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State _____		
College	Name _____	GPA _____	
	Street _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State _____		
Nursing or other (specify)	Name _____	GPA _____	
	Street _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State _____		
Other (specify)	Name _____	GPA _____	
	Street _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State _____		

### LICENSES/SPECIALIZED TRAINING/SKILLS

List any current professional licenses and/or areas of certification that are job related. \_\_\_\_\_

List any additional training, internships or apprenticeships, and any professional organization that are job related. \_\_\_\_\_

List all equipment (office, trade or laboratory) that you operate proficiently. \_\_\_\_\_

Typing Speed \_\_\_\_\_ WPM                      Language Skills \_\_\_\_\_

List all PC Software Knowledge: \_\_\_\_\_

## EMPLOYMENT RECORD

Please list all previous positions held in the last 10 years including military service (most recent first).

NOTE: Please complete this section even if you are attaching a resume to this application.

From: Month	YR	Name (Present and most recent employer)	Title of Position
To: Month	YR	Address - Street	Number of Hours Worked per Week
Final Salary		City State Zip	Reason for Leaving
Other Compensation		Supervisor's Name Telephone No. Department	Type of Business:
MAJOR DUTIES			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: Month	YR	Name (Next and most recent employer)	Title of Position
To: Month	YR	Address - Street	Number of Hours Worked per Week
Final Salary		City State Zip	Reason for Leaving
Other Compensation		Supervisor's Name Telephone No. Department	Type of Business:
MAJOR DUTIES			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: Month	YR	Name (Next and most recent employer)	Title of Position
To: Month	YR	Address - Street	Number of Hours Worked per Week
Final Salary		City State Zip	Reason for Leaving
Other Compensation		Supervisor's Name Telephone No. Department	Type of Business:
MAJOR DUTIES			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: Month	YR	Name (Next and most recent employer)	Title of Position
To: Month	YR	Address - Street	Number of Hours Worked per Week
Final Salary		City State Zip	Reason for Leaving
Other Compensation		Supervisor's Name Telephone No. Department	Type of Business:
MAJOR DUTIES			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

### ***BUSINESS REFERENCES*** (EXCLUDE PERSONAL FRIENDS/FAMILY MEMBERS)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone \_\_\_\_\_

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**REFERRAL SOURCE**  
**(CHECK ONE)**

Internet (*List Site*) \_\_\_\_\_

Employment Agency

Employee Referral (List Employee Name)

Walk-in

Friend/Relative

\_\_\_\_\_

Newspaper

TV or Radio

Other \_\_\_\_\_

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**AUTHORIZATION AND AGREEMENT**

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation or concealment of fact is sufficient grounds for either immediate discharge without recourse or refusal of employment by the organization. I understand that my answers on this application may be verified. I understand that this application will be kept active for a period of three months.

I also understand that any offer of employment is a management decision, and may be subject to a satisfactory check of references, the satisfactory results of a medical examination, the satisfactory completion of appropriate immigration requirements, and the satisfactory results of a substance screen test. I authorize all individuals and organizations named or referred in this application and any law enforcement organization to provide all information relative to my employment, work habits, and character, and release such individuals, organizations, and Deaconess Associations, Inc. from any liability for such claims or damage, which may result.

If I am employed by Deaconess Associations, Inc., I agree to furnish blood and urine samples if requested for the purpose of substance screen testing. I understand and agree that if such tests are positive or if I refuse substance screen testing, my employment with Deaconess Associations, Inc. will be terminated immediately without recourse.

I understand, if employed, I will be subject to an initial three-month observation period, which can at the organization's discretion, be extended.

I understand that my employment with Deaconess Associations, Inc. is at-will, that I can resign at any time and for any reason, and that the organization may release me at any time for any reason.

If employed, I agree to abide by all rules and regulations of Deaconess Associations, Inc.

I understand and agree that the existing rules, regulations and benefits of the organization may be altered, amended or abolished without prior notice to me. Further, I do not and will not rely on the continuation of any or all of the rules, regulations or benefits in deciding to accept employment by the organization or in deciding to continue my employment in the future with the organization.

I understand that the above statements represent the sole conditions of my employment and that these conditions can be changed by an officer of Deaconess at any time in the sole and absolute discretion of Deaconess Associations, Inc.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

# Deaconess Long Term Care

## Self Identify Race Form

Deaconess Long Term Care (DLTC) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, DLTC invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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

**Please check the appropriate race to self-identify your race.**

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Island (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachments.
- Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the five races.  
*(Note: If one of your races is Hispanic or Latino, then mark Hispanic or Latino NOT two races.)*

If further clarification is needed, please contact Jack Foster at 816-333-0799.

**FOR OFFICE USE ONLY:** In the event that an employee fails to self-identify, the employer **must** submit info on the employee's behalf.

- Employee did not self-identify; employer information follows:
- Visual identification used to determine race – face-to-face identification
  - Documents used for race identification
    - Driver License
    - other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Conducting Visual Identification of Race

\_\_\_\_\_  
Date

## **Pre-Employment Drug Screening Agreement**

(Provide to all prospective employees and include in personnel file)

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my being accepted for employment with Deaconess Long Term Care, Inc. I understand that refusal to submit to the urinalysis screen, or failure to qualify according to the minimum standards established by the Company for this screen, may disqualify me from further consideration for employment.

I release my potential employer from any liability as a result of my participation in drug and or alcohol screening.

I further understand that, should I be offered and accept a position with the company; I may be required to submit to a drug urinalysis and alcohol screening during my employment. I understand that refusal to take any requested drug urinalysis and alcohol screening or failure to meet the minimum standards set for the screens may result in immediate discharge.

This company hereby states it's policy relating to those employees who test positive on a drug screen to be as follows:

Deaconess Long Term Care, Inc. has a zero tolerance drug-free workplace policy. Any employee who tests positive on a drug and/or alcohol screen will be terminated from employment. Such a person may initiate an inquiry with the company after six (6) months and successful completion of a drug or alcohol rehabilitation program. There is no assurance of re-employment.

The company will not discriminate against any applicant for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol which prevent employees from properly performing job assignments and will not be tolerated by this company.

I have read in full, or had read to me, and understand the above statement and conditions of employment.

\_\_\_\_\_  
Prospective Employee (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Employee Signature

Background and Reference Check Authorization Form

As part of the pre-employment process at Deaconess Long Term Care, I understand that the company will seek and obtain background and reference check reports. These investigative reports may include, but are not limited to:

- OIG/GSA Sanction List Checks
- SSN Former Employee Verification
- References from at least two (2) former employers
- Social Security Number Verification or E-Verify for eligibility to work in the United States.
- Criminal Background Check (Fingerprinting for OH locations)
- Professional License Verification

I understand that these records are used to determine eligibility and qualification for employment with Deaconess Long Term Care, Inc. If I am hired, I also authorize the full release of the information described above without any reservation, throughout any duration of my employment. I also certify that all information provided below and on my application/resume is correct to the best of my knowledge. Any false statements provided in this form and my application/resume will be considered “just cause” for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge Deaconess Long Term Care, Inc from any losses, damages and liabilities for the background and reference check process.

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

Name \_\_\_\_\_  
Last First MI

All other names used \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Length of Residency: \_\_\_\_\_ Phone \_\_\_\_\_  
If less then 5 years, list previous address:

Address \_\_\_\_\_  
Street City State Zip

Driver’s License Number \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male  Female

Professional License # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_



**Pre-Employment Reference Check**

Dear \_\_\_\_\_, I \_\_\_\_\_ have applied for  
(Place of last employment) (Applicants signature)

for employment at \_\_\_\_\_ and have listed you as the previous employer. This signed form authorized the release of information regarding my employment with you. Any other information you can provide that would help in the consideration of employment would also be appreciated. Please return by faxing to the number provided at the top of this form.

Name of applicant \_\_\_\_\_ Social \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

**(Below is to be filled out by former employer providing reference information)**

Is the above information correct?  Yes  No

If No, please provide correct information:

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

Please check the following:

Attendance/Punctuality:  Good  Average  Poor  
Quality of work:  Good  Average  Poor  
Ability to work well with others:  Good  Average  Poor  
Reason for leaving:

\_\_\_\_\_  
Would you re-hire this applicant?  Yes  No

If no, please explain:

\_\_\_\_\_  
Additional Comments:

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

\_\_\_\_\_  
(Signature of person completing reference)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





## Pre-Employment Reference Check

Dear \_\_\_\_\_, I \_\_\_\_\_ have applied for  
(Place of last employment) (Applicants signature)

for employment at \_\_\_\_\_ and have listed you as the previous employer. This signed form authorized the release of information regarding my employment with you. Any other information you can provide that would help in the consideration of employment would also be appreciated. Please return by faxing to the number provided at the top of this form.

Name of applicant \_\_\_\_\_ Social \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

**(Below is to be filled out by former employer providing reference information)**

Is the above information correct?  Yes  No

If No, please provide correct information:

\_\_\_\_\_

Please check the following:

Attendance/Punctuality:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Quality of work:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Ability to work well with others:	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Reason for leaving:			

Would you re-hire this applicant?  Yes  No

If no, please explain:

Additional Comments:

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

\_\_\_\_\_  
(Signature of person completing reference)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date