

Newark Manor is pleased that you are interested in joining our team. Newark Manor Nursing Home does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. Also, Newark Manor provides equal access to programs, services and employment to all persons. Information provided in this application is strictly confidential to the greatest extent not contrary to state or federal law. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: _____ Date of Application: _____ / _____ / _____

M I S S I O N	<p>Our Mission</p> <p><i>We are dedicated to providing quality care within a secure and loving environment. We are committed to the deliverance of all services based on our tradition of caring and compassion without regard to race, color, national origin, ethnic background and relative or sexual preference.</i></p>
	<p>Our Operating Principles</p> <ul style="list-style-type: none"> • Come from abundance...everything is possible • Be in action...make powerful commitments and requests • Act with integrity...do the right thing • Listen...everyone should be heard • Have fun...enjoy all aspects of life
	<p>At Newark Manor we are very committed to carrying out our mission and honoring our operating principles. Please describe how you would contribute to our mission and operating principles:</p>

P E R S O N A L	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">First</td> <td style="width: 25%;">Middle Initial</td> <td style="width: 25%;">Social Security Number</td> </tr> <tr> <td colspan="3">Street Address</td> <td>Home Telephone Number ()</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td>Other Telephone Number ()</td> </tr> </table>	Last Name	First	Middle Initial	Social Security Number	Street Address			Home Telephone Number ()	City	State	Zip	Other Telephone Number ()
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	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">E-mail Address</td> <td style="width: 40%;">Best time to call : AM PM</td> </tr> </table>	E-mail Address	Best time to call : AM PM										
	E-mail Address	Best time to call : AM PM											
	<p>Are you prevented from lawfully becoming employed in this country because of your visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)</p>												
	<p>Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
	<p>Have you ever applied or been employed by Newark Manor before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p>If yes, when? _____</p>													
<p>Is any relative or close friend of yours employed by Newark Manor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>If yes, whom? _____ Relation to you _____</p>													

Position Information

Desired Shift: 1st 2nd 3rd

Desired Status: Full Time Part-Time On-Call Temporary

How did you hear about Newark Manor? Advertisement Employee Internet Walk-in

Government employment agency

Relative/Friend

Resident

Other: _____

E D U C A T I O N	School	Name & Location	Course of Study	# of Years Completed	Did you Graduate?	Title of Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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N** If you answer "yes" to any of the following questions, explain in the space after the question. The explanation for a "yes" answer should include, but not be limited to:

1. State and/or jurisdiction
2. Nature of complaint
3. Disposition of complaint, e.g., "dismissed insufficient evidence"
4. Date of disposition
5. Please attach copies of any correspondence you received with regard to the complaint.

1. Have you ever been convicted of either a Felony or Misdemeanor involving theft, violence, physical or mental harm to another individual or drug related offenses by any local, state, or federal agency? * Yes No

If yes, please explain:

2. Have you ever been found to have violated any state, US jurisdiction or federal law regulating the practice of a health care profession? Yes No

If yes, please explain:

3. Are any disciplinary actions pending against your CNA certificate or health care professional license in any state or US jurisdiction? Yes No

If yes, please explain:

4. Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid penalties in connection with action by such authority? Yes No

If yes, please explain:

*Convictions will not necessarily bar you from employment. Facts such as recency and rehabilitation will be considered.

Special Training/Licenses						Newark Manor Use	
	Type	Number	Date Issued	Expiration Date	State Issued In	Verification By	Date
License							
Certification							
Other							

Military

Did you serve in the U.S. Armed Forces? Yes No If Yes, in what Branch? _____

Describe any training you received in the military, which is relevant to the position(s) for which you are applying.

S *Please read the following information carefully before signing this application:*

I The information provided in this Application for Employment is true, correct and complete.

G I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for immediate discharge from Newark Manor Nursing Home at any time after it is discovered.

N I give Newark Manor the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Newark Manor and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

A I understand and acknowledge that where applicable, a pre-employment drug screening, as well as a criminal background screening will be required as a condition of employment with Newark Manor.

T I understand that this application is current for one year. At the conclusion of this time, if I have not been contacted by Newark Manor and still wish to be considered for employment, I understand that it will be necessary to fill out a new application.

U I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

R

E Signature: _____ Date: _____ / _____ / _____