

**APPLICATION FOR EMPLOYMENT AT GREENBRIER VILLAGE**

(GREENBRIER VILLAGE INCLUDES BUT IS NOT LIMITED TO: NURSING HOME, RESIDENTIAL LIVING, SPECIAL CARE AND BURGUNDY)

THE FOLLOWING QUESTIONS ARE ASKED SO THAT WE CAN KNOW YOU BETTER. IT IS OUR HOPE THAT THROUGH THE APPLICATION PROCESS THAT WE WILL LEARN ENOUGH ABOUT YOU AND YOU WILL LEARN ENOUGH ABOUT US THAT WE WILL HAVE A LONG AND MUTUALLY BENEFICIAL EMPLOYMENT PERIOD.

We consider applicants for any position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protested status.

POSITION FOR WHICH APPLIED: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE APPLIED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING OFFENSES: \_\_\_\_\_ YES \_\_\_\_\_ NO

- a. Assault, battery, or assault and battery with a dangerous weapon; b. Aggravated assault and battery; c. Murder or attempted murder; d. Manslaughter except involuntary manslaughter; e. Rape, incest or sodomy; f. Indecent exposure and indecent exhibition; g. Pandering; h. Child abuse; i. Abuse, neglect or financial exploitation of any person entrusted to his care or possession; j. Burglary in the first or second degree; k. Robbery in the first or second degree; l. Robbery or attempted robbery with a dangerous weapon, or imitation firearm; m. Arson in the first or second degree; n. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act; o. Grand larceny; p. Petit larceny or shoplifting within the past seven (7) years;

THIS JOB WILL REQUIRE PUSHING, PULLING AND LIFTING A MINIMUM OF 50 LBS. IS THERE ANY REASON WHY YOU COULD NOT DO THIS?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

CIRCLE HIGHEST YEAR OF EDUCATION COMPLETED: 5 6 7 8 9 10 11 12 13 14 15 16+

NAME AND ADDRESS OF COLLEGE, VOCATIONAL, BUSINESS OR OTHER SCHOOLS ATTENDED.	LOCATION	DIPLOMA, CERTIFICATE OR DEGREE EARNED

SPECIAL SKILLS: \_\_\_\_\_

PROFESSIONAL-TECHNICAL APPLICANTS ONLY:  
 ARE YOU CURRENTLY CERTIFIED, REGISTERED OR LICENSED? \_\_\_\_\_ REGISTRY \_\_\_\_\_ STATE \_\_\_\_\_ NATIONAL

EMPLOYMENT HISTORY  
 \*\*\*\*\*LIST YOUR LAST FOUR JOBS. PUT MOST RECENT JOB FIRST (BELOW)\*\*\*\*\*

1. NAME OF COMPANY	DATES-FROM:	RATE OF PAY:	REASON FOR LEAVING:	JOB TITLE:	PHONE NUMBER
ADDRESS _____ CITY, ST _____	TO:				
2. NAME OF COMPANY	DATES-FROM:	RATE OF PAY:	REASON FOR LEAVING:	JOB TITLE:	PHONE NUMBER
ADDRESS _____ CITY, ST _____	TO:				
3. NAME OF COMPANY	DATES-FROM:	RATE OF PAY:	REASON FOR LEAVING:	JOB TITLE:	PHONE NUMBER
ADDRESS _____ CITY, ST _____	TO:				
4. NAME OF COMPANY	DATES-FROM:	RATE OF PAY:	REASON FOR LEAVING:	JOB TITLE:	PHONE NUMBER
ADDRESS _____ CITY, ST _____	TO:				

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

PERSONAL REFERENCES (NOT RELATIVES)

NAME	ADDRESS	PHONE NO.	BUSINESS

WHERE ARE YOU NOW EMPLOYED? \_\_\_\_\_

REASON FOR DESIRING CHANGE? \_\_\_\_\_

WHY ARE YOU INTERESTED IN NURSING HOME WORK? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ IF YES WHEN \_\_\_\_\_

HAVE YOU EVER WORKED FOR GREENBRIER NURSING HOME, GREENBRIER ASSISTED LIVING, GREENBRIER SPECIAL CARE CENTER OR BURGUNDY PLACE? \_\_\_\_\_ IF YES, WHICH FACILITY \_\_\_\_\_

IF SELECTED, WHEN COULD YOU BEGIN WORK? \_\_\_\_\_

IF SELECTED, WILL YOU HAVE ANY PROBLEMS IN GETTING TO WORK? \_\_\_\_\_

DO YOU DESIRE FULL-TIME WORK? \_\_\_\_\_ WOULD YOU CONSIDER PART-TIME WORK? \_\_\_\_\_

IS THERE ANY SHIFT THAT YOU CAN NOT WORK? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, WHAT SHIFT. \_\_\_\_\_

WHAT SHIFT DO YOU PREFER? \_\_\_\_\_ 6/2 \_\_\_\_\_ 2/10 \_\_\_\_\_ 10/6 \_\_\_\_\_

\*\*\*\*\*PLEASE READ AND SIGN BELOW\*\*\*\*\*

I AGREE THAT:

I UNDERSTAND THAT MY APPLICATION FOR EMPLOYMENT WILL BE ACTIVE FOR 90 DAYS FROM DATE OF COMPLETION. IF I AM NOT HIRED DURING THIS PERIOD OF TIME, I MUST LET THE FACILITY KNOW THAT I AM STILL AVAILABLE AND DESIRING EMPLOYMENT.

I UNDERSTAND THAT FINAL APPROVAL FOR EMPLOYMENT WILL BE SUBJECT TO MY MEETING NURSING HOME HEALTH STANDARD REQUIREMENTS FOR EMPLOYMENT.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP THE ADMINISTRATOR INFORMED CONCERNING CHANGES IN MY AVAILABILITY TO WORK.

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND AND I UNDERSTAND AND AGREE THAT I AM SUBJECT TO IMMEDIATE DISCHARGE WITHOUT RECOURSE IF INFORMATION PROVIDED IS FOUND TO BE UNTRUE OR INACCURATE.

I VOLUNTARILY AUTHORIZE THIS FACILITY TO CONTACT ANY OR ALL OF MY PAST OR PRESENT EMPLOYERS AND TO OTHERWISE INVESTIGATE MY PAST EMPLOYMENT AND ANY OTHER STATEMENT CONTAINED IN THIS APPLICATION.

I FURTHER UNDERSTAND THAT FINAL APPROVAL FOR EMPLOYMENT WILL BE SUBJECT TO THIS INVESTIGATION.

I AUTHORIZE ALL MY PAST OR PRESENT EMPLOYERS TO FURNISH TO THIS FACILITY ALL INFORMATION THEY MAY HAVE CONCERNING ME, AND I HEREBY RELEASE THEM AND THIS FACILITY FROM ALL LIABILITY OR ANY DAMAGE WHATSOEVER ARISING THEREFROM.

I GIVE MY PERMISSION FOR ALL ALCOHOL/DRUG SCREEN TEST UPON REQUEST AT ANY TIME DURING MY EMPLOYMENT.

I UNDERSTAND AN OKLAHOMA STATE BUREAU OF INVESTIGATION CRIMINAL ARREST CHECK WILL BE CONDUCTED ON ME AND THE RESULTS OF THAT MAY RESULT IN MY IMMEDIATE TERMINATION.

I UNDERSTAND THAT MY EMPLOYMENT WILL BE GOVERNED BY THE "EMPLOYMENT AT WILL" DOCTRINE. I MAY RESIGN FROM THE COMPANY AT ANY TIME, FOR ANY REASON AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME, FOR ANY REASON, AND WITH OR WITHOUT NOTICE.

\_\_\_\_\_  
(SIGN IN INK)

\_\_\_\_\_  
(DATE)

TO BE COMPLETED AFTER EMPLOYMENT:

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NO)

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ DEPENDENTS OTHER THAN CHILDREN \_\_\_\_\_