

ATTENTION APPLICANTS:

**THE FOLLOWING IS AN APPLICATION FOR THE FACILITIES
AFFILIATED WITH GOOD SHEPHERD NURSING HOME
DISTRICT INCLUDING GOOD SHEPHERD NURSING HOME,
KIDWELL HOME, LAURIE CARE CENTER, AND LAURIE
KNOLLS.**

THESE FACILITIES DO THE FOLLOWING ON ALL HIRES:

**DRUG TESTING
CRIMINAL RECORDS CHECKS
WORKER'S COMPENSATION BACKGROUND CHECK**

**OFFER OF EMPLOYMENT IS CONTINGENT UPON THE RESULTS
OF THE DRUG TEST OR BACKGROUND INVESTIGATION.**

**FRAUDULENT INFORMATION ON THE APPLICATION OR
HEALTH ASSESSMENT FORM MAY RESULT IN TERMINATION.**

Position Applying for _____

Facility position is located _____

Please mail your application to the correct facility at the below address:

Good Shepherd Nursing Home or
Kidwell Home
1101 West Clay Road
Versailles, MO 65084

Laurie Care Center or Laurie Knolls
610 HWY O
P.O. Box 1068
Laurie, MO 65038

degree or diploma earned, if any. D. Grade point average or class rank. E. Major and minor field of study.

A. SCHOOL	B. NO. OF YEARS COMPLETED	C. DEGREE/DIPLOMA	D. GPA/CLASS RANK	E. MAJOR/MINOR

REFERENCES

List name and telephone number of three business/work references who are **not related** to you and are **not previous supervisors**. If not applicable, list three school or personal references **who are not related to you**:

NAME	TELEPHONE	YEARS KNOWN

List professional, trade, business, or civic associates and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider: _____

Skills and Qualifications, summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our nursing facility: _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. **Explain any gaps in employment in the comments section below.**

Employer	Telephone	<u>Date Employed</u> From To		Summarize the nature of the work performed and job responsibilities
Address				
Job Titles	Hourly Rate/Salary Starting			
Immediate Supervisor and Title	\$ per			
Reason for Leaving	Hourly Rate/Salary Final			
May we contact for reference? Yes No Later	\$ per			
Employer	Telephone	<u>Date Employed</u> From To		Summarize the nature of the work performed and job responsibilities
Address				
Job Titles	Hourly Rate/Salary Starting			
Immediate Supervisor and Title	\$ per			
Reason for Leaving	Hourly Rate/Salary Final			
May we contact for reference? Yes No Later	\$ per			
Employer	Telephone	<u>Date Employed</u> From To		Summarize the nature of the work performed and job responsibilities
Address				
Job Titles	Hourly Rate/Salary Starting			
Immediate Supervisor and Title	\$ per			
Reason for Leaving	Hourly Rate/Salary Final			
May we contact for reference? Yes No Later	\$ per			
Employer	Telephone	<u>Date Employed</u> From To		Summarize the nature of the work performed and job responsibilities
Address				
Job Titles	Hourly Rate/Salary Starting			
Immediate Supervisor and Title	\$ per			
Reason for Leaving	Hourly Rate/Salary Final			
May we contact for reference? Yes No Later	\$ per			

Comments (including explanation of any gaps in employment) _____

It is understood and agreed upon that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from employment at any Good Shepherd Nursing Home District Facility. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary I understand that I am required to abide by all rules and regulations of the Employer. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information. The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date _____

EMPLOYMENT REFERENCE

Good Shepherd Nursing Home District includes Good Shepherd Nursing Home, Kidwell Home, Laurie Care Center, and Laurie Knolls.

Good Shepherd Nursing Home or Kidwell Home
1101 West Clay Road
Versailles, MO 65084
(573) 387-5411

Laurie Care Center or Laurie Knolls
610 HWY O
P.O. Box 1068
Laurie, MO 65038
(573) 374-8263 Fax: (573) 374-0603

Good Shepherd Nursing Home District is hereby authorized to check my past employment references to help evaluate me as a potential employee, and I hereby release Good Shepherd Nursing Home District and its representatives from liability for seeking such information, as well as, all other persons, corporations, or organizations for furnishing such information.

Applicant Signature

Social Security Number

Please PRINT Name

Date

PAST OR CURRENT EMPLOYER COMPLETES THIS SECTION

Employer's Name: _____

Employer's Address: _____

Telephone: _____

Employment Dates: From _____ To _____ Position: _____

Reason for leaving: _____

Please rate the employee on the following subjects:

	Excellent	Good	Fair	Poor
Job Performance	_____	_____	_____	_____
Co-Worker Rapport	_____	_____	_____	_____
Attendance / Punctuality	_____	_____	_____	_____
Safety Conduct	_____	_____	_____	_____
Overall Evaluation	_____	_____	_____	_____

Would you rehire? Yes _____ No _____

Were there personal factors that affected job performance: _____

Signature/Title

Date

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: Your cooperation is **voluntary**. Inclusion or exclusion of any data will not affect any employment decision.

VOLUNTARY SURVEY

DATE: _____

Government agencies at times require periodic report on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip Code
Social Security Number		

Complete only the sections below that have been checked.

Check One: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian / Pacific Islander
Check if any of the following are applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual

**CRIMINAL RECORDS CHECK FEE
PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize the Good Shepherd Nursing Home District, including Good Shepherd Nursing Home, Kidwell Home, Laurie Care Center, or Laurie Knolls to deduct from my first paycheck the fee that is incurred to obtain a criminal records background check on myself. I understand that whether the report is satisfactory or unsatisfactory, I relinquish all rights to said fee. Furthermore, I understand that if the report is unsatisfactory in compliance with House Bill 1362, that I will be relieved of my duties immediately with no liability to Good Shepherd Nursing Home District, including Good Shepherd Nursing Home, Kidwell Home, Laurie Care Center, or Laurie Knolls.

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. _____
(office use only)

Please print clearly or type

Name (Last, First, M.I.) _____

(Maiden / alias) _____ Date of Birth _____

Social Security No. _____ Sex Male Female

Address _____

I authorize the release of any criminal history record information to the requester.

Signature (optional) _____

It is the responsibility of the requester to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

PURPOSE

Employment Child Care Nursing Home Home Health Care Other Employment

Licensing Other (specify) _____

SEND REPLY TO:
(Circle One of the Following)

Facility:	Good Shepherd Nursing Home or Kidwell Home	Laurie Care Center or Laurie Knolls
Address:	1101 West Clay Road	610 HWY O
City, State and Zip Code:	Versailles, MO 65084	P.O. Box 1068
Telephone Number:	(573) 387-5411	Laurie, MO 65038
		(573) 374-8263

Office Use Only

I verify that the above named person has received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Signed _____

Print _____

The criminal record check can not be processed without this signature, name, date of birth and social security number. If any of these components are missing or are not legible, there may be a delay in processing.