

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code Social Security # \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ e-mail Address \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM PM

May we contact you at work? \_\_\_\_\_ Yes No

If yes, work number and best time to call \_\_\_\_\_ AM PM

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_ Yes No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_ Yes No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes No

If yes, give dates \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_ \$ \_\_\_\_\_

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? \_\_\_\_\_ Yes No Will you travel if job requires it? \_\_\_\_\_ Yes No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_ Yes No

Will you work overtime if required? \_\_\_\_\_ Yes No

If no, please explain \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_ Yes No

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

# Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer	Telephone #	Month / Year	to	Month / Year
Street Address		Dates Employed		
Starting Job Title / Final Job Title		Compensation (Starting)		
Immediate Supervisor and Title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$    per		
Reason for Leaving		Commission/Bonus \$		
May we contact for reference?		Compensation (Final)		
Yes    No    Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$    per		
Summarize the type of work performed and job responsibilities.		Commission/Bonus \$		

Employer	Telephone #	Month / Year	to	Month / Year
Street Address		Dates Employed		
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Immediate Supervisor and Title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$    per		
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Reason for Leaving		Commission/Bonus \$		
May we contact for reference?		Compensation (Final)		
Yes    No    Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary    \$    per		
Summarize the type of work performed and job responsibilities.		Commission/Bonus \$		

## Skills and Qualifications

Word    Excel    MS Office    Power Point    Internet

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## Educational Background (if job related)

Starting with your most recent school attended, provide the following information.

School (include City/State)	Number of Years Completed	Achievement	GED (check one)	Major	Minor
		GED Diploma Degree			
		GED Diploma Degree			
		GED Diploma Degree			

## 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	Title	Relationship to Candidate	Telephone	Number of Years Known
			( )	
			( )	
			( )	
			( )	

## Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Organization

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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List any additional information you would like us to consider.

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## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer 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 applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100."**

**Do not sign until you have read the above applicant statement.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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720 International Parkway, Sunrise, FL 33325  
Call 800-999-9111 or shop online at [www.HROne.com](http://www.HROne.com) to reorder  
Maryland Application for Employment (Long Form) #RD-A0335



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# Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source

- Walk-in
- Employee
- Advertisement - Source \_\_\_\_\_
- Government Employment Agency
- Relative
- Private Employment Agency
- School
- Other \_\_\_\_\_

Name of person who referred you IF APPLICABLE \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City State Zip Code

- Male
- Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other \_\_\_\_\_

## For Administrative Use Only

Position(s) applied for  Available  Not Available  Other

Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

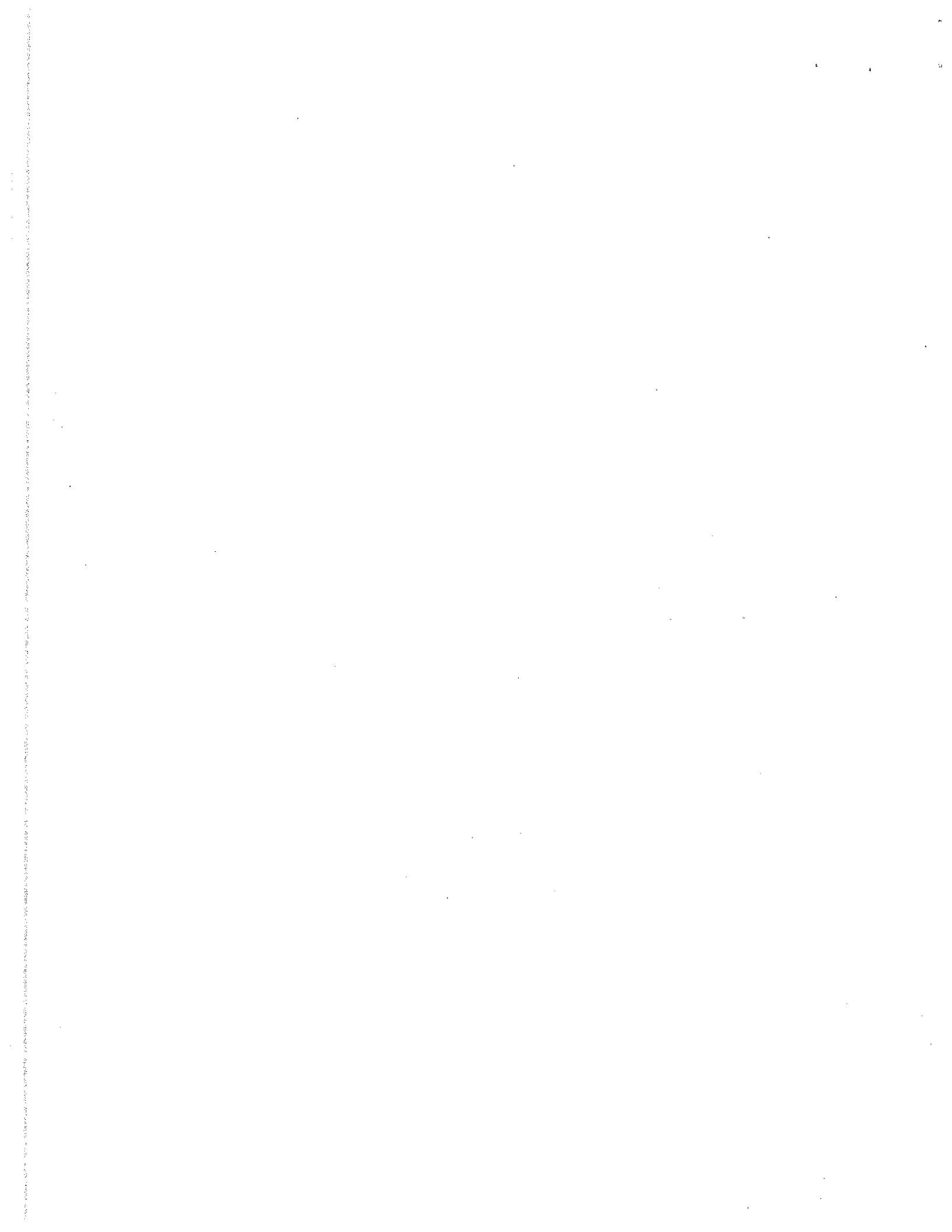
From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers
- Professionals
- Technicians
- Sales Workers
- Office and Clerical Workers
- Craft Workers (skilled)
- Operatives (semi-skilled)
- Laborers (unskilled)
- Service Workers

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_







*Hearthstone* Nursing & Rehabilitation Center

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Hearthstone Nursing and Rehabilitation Center ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

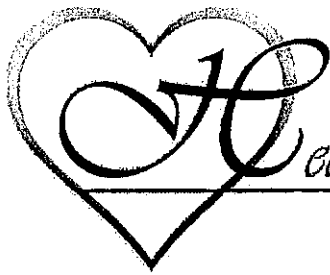
Signature: \_\_\_\_\_

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

[End of Document]  
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*Hearthstone* Nursing & Rehabilitation Center

**DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION**

Hearthstone Nursing and Rehabilitation Center to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

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



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Hearthstone Nursing and Rehabilitation Center at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

### PLEASE COMPLETE ALL FIELDS BELOW

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b> <small>check box if no middle name</small> <input type="checkbox"/>
<b>Social Security Number*</b> ###-##-####	<b>Date of Birth*</b> month/date/year	<b>Email Address</b> <small>required</small>
<b>Driver's License Number</b>	<b>Issuing State*</b>	<b>Former Names/Aliases</b> <small>separate aliases with comma</small>

CURRENT ADDRESS			FORMER EMPLOYER	
Street	Apt/Unit	Company	City, State	
City	State	Zip	Position	Dates of Employment

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

Applicant Signature

Date



## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W., Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W., Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street, Alexandria, VA 223 14</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200, Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E., Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W., Washington, DC 20580 (877) 382-4357</p>



**PRIOR EMPLOYMENT REFERENCE REQUEST**

In Reference To \_\_\_\_\_

Employment At \_\_\_\_\_

The above named applicant for employment at Hearthstone Nursing and Rehabilitation Center has indicated prior employment at your facility. A response, via the enclosed stamped & addressed envelope, at your earliest convenience would be truly appreciated.

Name \_\_\_\_\_

Title \_\_\_\_\_

Hearthstone Nursing and Rehab Center

901 Seton Drive Ext., Cumberland, Md. 21502

Phone - (301) 722-6272

\*\*\*\*\*

Dates of Employment at Your Facility - From \_\_\_\_\_ To \_\_\_\_\_

Position or Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Would You Rehire? \_\_\_\_\_ If not, why not? \_\_\_\_\_

\_\_\_\_\_

Quality of Work        Exceptional        Satisfactory        Poor

Attendance            Exceptional        Satisfactory        Poor

Initiative            Exceptional        Satisfactory        Poor

Comments \_\_\_\_\_

\_\_\_\_\_

May I contact you via phone for additional comments?                      Yes                      No

If yes please give your Phone No. \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, \_\_\_\_\_,

authorize \_\_\_\_\_

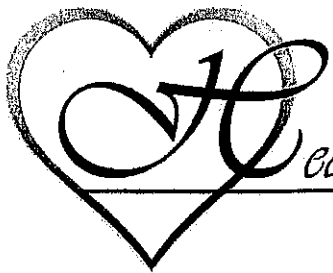
to release to Hearthstone Nursing and Rehab Center any information relative to my employment at the above named facility.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_







\_\_\_\_\_, 20

**PERSONAL REFERENCE REQUEST**

TO: \_\_\_\_\_

CONCERNING \_\_\_\_\_

THE ABOVE NAMED APPLICANT FOR EMPLOYMENT AT HEARTHSTONE NURSING AND REHAB CENTER HAS INDICATED PERSONAL ACQUAINTANCE WITH YOU, A RESPONSE TO THE QUESTIONS BELOW AT YOUR EARLIEST CONVENIENCE WOULD BE GREATLY APPRECIATED, AS EMPLOYMENT FOR THE ABOVE IS PENDING.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

- ARE YOU RELATED TO THE APPLICANT? \_\_\_\_\_
- HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_
- IS THERE, TO YOUR KNOWLEDGE, ANY REASON WHY THE APPLICANT WOULD BE UNSUITABLE FOR EMPLOYMENT IN A NURSING HOME? \_\_\_\_\_
- COMMENTS \_\_\_\_\_

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

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned \_\_\_\_\_ authorize \_\_\_\_\_  
to release to Hearthstone Nursing and Rehab Center whatever information is requested relative to my employment at this facility.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

