

BETHANY NURSING HOME INC.
626 34th Street NW
Canton, OH 44709
330-492-7171
330-492-0779 Fax

For Office Use Only

Position Preferred

Shift Preferred

Date Reference Sent

Date Reference Rec'd

Name

Date

Street Address

Phone

City Zip

Social Security Number

Email Address

Are you legally eligible for employment in the USA Yes No (If Yes, verification will be required).

Have you ever been employed here before? Yes No If yes, give dates and positions _____

Answering "yes" to the following 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.

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 _____

PAST WORK EXPERIENCE

Company

Position

Address

Dates Employed (Month/year – Month/year)

City, State, Zip

Phone & Name of Supervisor

Reason For Leaving _____

Company

Position

Address

Dates Employed (Month/year – Month/year)

City, State, Zip

Phone & Name of Supervisor

Reason For Leaving _____

Company

Position

Address

Dates Employed (Month/year – Month/year)

City, State, Zip

Phone & Name of Supervisor

Reason For Leaving _____

EDUCATION

_____	_____	_____	
High School	Years Completed	Diploma	
_____	_____	_____	
Nursing / Technical	Years Completed	Diploma/Degree	
_____	_____	_____	
College	Years Completed	Diploma/Degree	
_____	_____	_____	
R.N. / L.P.N. License # or S.T.N.A. #	Shift Desired: Days	Afternoons	Nights
_____	_____	_____	_____
Position Applying for	Part Time or Full Time		
Date Available for work _____	What is your desired wage? _____		

REFERENCES

_____	_____	_____	
Name	Phone	Occupation	
_____	_____	_____	
Address: Street	City	State	Zip
_____	_____	_____	_____
Name	Phone	Occupation	
_____	_____	_____	
Address: Street	City	State	Zip

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you.

I authorize my physician or health treatment facility to release medical information that is requested.

I understand and agree that, if hired, my employment is for not definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.”

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 statement.

_____	_____
Signature	Date

PLEASE BE ADVISED THAT BEFORE YOU CAN BE HIRED AT BETHANY NURSING HOME INC.
YOU MUST HAVE A TUBERCULOSIS TEST (TB) NOT MORE THAN THIRTY DAYS OLD,
ACCORDING TO THE OHIO DEPARTMENT OF HEALTH GUIDELINES.

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Reference Check

I authorize investigation of all statements contained on my application and the references listed. The parties contacted for investigation may give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

Applicant's Signature

Date

Name

SS#

Dates of Employment: _____ to _____

Adequate Notice Given: ___ Yes ___ No

Notice Worked: ___ Yes ___ No

Attendance: ___ Satisfactory ___ Unsatisfactory

Available for rehire: ___ Yes ___ No

COMMENTS:

We would appreciate any information you can provide. We will be happy to share appropriate information with you anytime you are interviewing a Bethany past employee.

Thank you,

Mary F. Meyer L.S.W.
Manager