

APPLICATION FOR EMPLOYMENT

Mercy Crest Retirement Living

NOTICE: This facility is an equal opportunity employer and does not

Personal:

Name: _____ Social Security: _____
Last First Middle

Address: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Have you previously been employed by Mercy Health Network? Yes No

If you answered yes, please tell us When? Where? _____

Have you previously been employed by Sisters of Mercy Health System of St. Louis? Yes No

If you answered yes, please tell us When? Where? _____

Are you 18 years of age or older? Yes No

Please list any name by which you were previously identified including employment, licensure, certification, or registration.

List any relatives working at this facility? _____

Compliance:

Have you had a criminal conviction? Yes No If yes, please explain _____

Have you been, or are you presently excluded from participation in the Federal Health care programs, including Medicare and Medicaid through action taken by the Office of Inspector General? Yes No

Employment Desired:

Position applying for: 1) _____ 2) _____ 3) _____

Date available for employment, if applicable _____ Referral Source _____

Work Status desired: Full-Time Part-Time Flex PRN Hours per week requesting _____

Preference of Shift (please number in order): Days Evenings Nights Salary Expectations _____

Licenses & Certifications:

Licenses, Certifications, Permits, Registrations:

State _____ Number _____ Effective Date _____ Expiration Date _____

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Other training or in service (explain) _____

Education:

Circle last grade completed: 5 6 7 8 9 10 11 12 High School diploma? Yes No If no, G.E.D.? Yes No

College/University _____ Degree/Major _____ GPA _____ Date graduated _____

Vo Tech _____ Degree/Major _____ GPA _____ Date graduated _____

Business School _____ Degree/Major _____ GPA _____ Date graduated _____

Other Education (explain) _____

Work Experience

Name, Address & Phone # of Previous Employers	From		To		Starting Salary	Ending Salary	Reason for Leaving	Job Title & Responsibilities	Name of Supervisor
	Mo	Yr	Mo	Yr					

List personal references: (Not Former Employers or Relatives)

<i>Name and Occupation</i>	<i>Address</i>	<i>Phone Number</i>

I agree to submit to a physical examination in order to determine if I can perform the essential functions of the position, which I have been offered.

I agree to conform to the network's rules and regulations and understand that my performance will be evaluated at the end of 90 days.

I certify that all statements made in this application are true and complete to the best of my knowledge and understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application.

I understand that I may be required to work hours or shifts different from a normal schedule as the need for the facility arises.

I, the undersigned, hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to Mercy Crest. This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.

As a condition of employment, I understand that Mercy Crest will conduct background checks.

I, the undersigned, hereby give Mercy Crest my consent to check available public sources including the OIG's List of Excluded Individuals/Entities to verify that I have not been excluded from participation in the Federal Health Care programs.

I understand and agree that, if I am offered employment with Mercy Crest Housing, Inc., my employment will be on an at-will basis. This means that Mercy Crest Housing, Inc. can terminate my employment at any time for any reason not prohibited by law, as determined by the needs of Mercy Crest Housing, Inc. I further understand that only the Administrator of Mercy Crest Housing, Inc. and the chairperson of its Board of Directors have the authority to enter into any written employment agreement.

Signature _____ Date _____

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<p>Mercy Crest is a <u>SMOKE FREE</u> Facility. Smoking is not allowed inside the facility by employees, residents, or visitors, etc. You are being advised of this policy as you consider employment at our institution. If you smoke, we have outside designated smoking areas. Employees may not smoke inside the facility for</p>
