

Morningside Center
 1700 Morningside Drive
 Chillicothe, MO 64601
 660-646-0170

Social Security Number

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Birthdate _____

CONFIDENTIAL

PERSONAL INFORMATION

Date of Application: _____ Date Available: _____

Name: _____
 Last First Middle

Present Address: _____ Phone Number: _____
 Street City State Zip Code

Permanent Address (if different than Present Address): _____ Phone Number: _____
 Street City State Zip Code

If you cannot be reached at above phone number: Name of Person: _____ Phone: _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will you accept employment of: Full Time? Part Time? Temporary?

Are you 18 years of age or older? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

How did you learn of this opening?

EDUCATION

Highest Grade Completed: 9 10 11 12 13 14 15 16

Scholastic Honors Received: _____

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="radio"/> No <input type="radio"/> Yes	
College				<input type="radio"/> No <input type="radio"/> Yes; _____ Date	
Vocational or Business				<input type="radio"/> No <input type="radio"/> Yes; _____ Date	
Professional Education				<input type="radio"/> No <input type="radio"/> Yes; _____ Date	
Laboratory or X-Ray Training				<input type="radio"/> No <input type="radio"/> Yes; _____ Date	

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge: _____
 Month / Day / Year Month / Day / Year

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verified

EMPLOYMENT RECORD (list last or present position first)

Present and Former Employers	Dates Employed	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate it here. _____
Last
First
Middle Initial

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year, including the phone number for each reference.

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth: _____ Marital Status: _____ Sex: Male Female Nationality: _____

Number and Ages of Children: _____

Notify In Case of Emergency: _____
Name
Relationship

Address - Street _____ City _____ State _____ Zip Code _____ Phone Number _____

What Language(s) (Other than English) Do You Speak? _____

EMPLOYMENT UNDERSTANDING (PLEASE READ AND SIGN)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)			AVAILABILITY RECORD	
DAY	FROM	TO		
Sunday	A.M.	A.M.	Primary position desired: _____	
	P.M.	P.M.	Will you accept another position? <input type="radio"/> Yes <input type="radio"/> No	
Monday	A.M.	A.M.	If so, what? _____	
	P.M.	P.M.	Are you available to work: Weekends? <input type="radio"/> Yes <input type="radio"/> No	
Tuesday	A.M.	A.M.	Holidays? <input type="radio"/> Yes <input type="radio"/> No	
	P.M.	P.M.	Rotating Shifts? <input type="radio"/> Yes <input type="radio"/> No	
Wednesday	A.M.	A.M.	On Call? <input type="radio"/> Yes <input type="radio"/> No	
	P.M.	P.M.	<i>If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.</i>	
Thursday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or the Administrator of this institution.	
	P.M.	P.M.		
Friday	A.M.	A.M.	_____	
	P.M.	P.M.	Applicant's Signature _____ Date	
Saturday	A.M.	A.M.		
	P.M.	P.M.		

This Page For Institution and Interviewer Use Only

INTERVIEWER'S COMMENTS		
Interviewer	Date	Comments

REFERENCE AND PRIOR EMPLOYMENT CHECK		
Individual Contacted	Name of Firm	Results of Check

FOR PERSONNEL OFFICE USE		
Hired: _____	For what department: _____	Position: _____
Salary: _____ per	<input type="radio"/> Year <input type="radio"/> Month <input type="radio"/> Hour	Starting Date: _____



MORNINGSIDE CENTER

NURSING HOME AND ASSISTED LIVING APARTMENTS

LIVINGSTON COUNTY NURSING HOME DISTRICT, 1700 MORNINGSIDE DRIVE, CHILLICOTHE, MO (660) 646-0170
FAX (660) 646-0173

It's a way of life!

You are applying for an Employment-at-Will position. Nothing in this application is intended to represent a contract for or a guarantee of employment. This application does not constitute a contract. No statements or representations by any representative of the Center shall be construed to confer a guarantee of employment for any period of time unless said representation is in writing and signed by the administrator and is approved by the Board of Directors of Morningside Center. The management and Board of Directors at Morningside Center reserve the right to extend or terminate employment at anytime, for any reason, within the bounds of Federal and State employment regulations.

I understand that if I am employed I will not have a contract for, nor a guarantee of employment but will be governed by the Employment-at-Will doctrine. I understand that no statements or representations made to me by any representative of Morningside Center shall be construed to infer a guarantee of employment for any period of time unless said representation is in writing and signed by the administrator and has been approved by the Board of Directors of Morningside Center. I further understand that the management and/or the Board reserves the right to extend or terminate my employment at anytime, for any reason, within the bounds of Federal and State employment regulations.

Signature

Date

"This institution is an equal opportunity provider and employer."



MORNINGSIDE CENTER

660.317.5 AN APPLICANT FOR A POSITION THAT HAS CONTACT WITH PATIENTS OR RESIDENTS OF MORNINGSIDE CENTER SHALL:

1. SIGN A CONSENT FORM AS REQUIRED BY SECTION 43.540 RSMO, SO MORNINGSIDE CENTER MAY REQUEST A CRIMINAL RECORD REVIEW.
2. DISCLOSE THE APPLICANT'S CRIMINAL HISTORY. CRIMINAL HISTORY INCLUDES ANY CONVICTIONS OR A PLEA OF GUILTY TO A MISDEMEANOR OR FELONY CHARGE AND SHALL INCLUDE ANY SUSPENDED IMPOSITION OF SENTENCE, ANY SUSPENDED EXECUTION OF SENTENCE, OR ANY PERIOD OF PROBATION OR PAROLE; AND
3. DISCLOSE IF THE APPLICANT IS LISTED ON THE EMPLOYEE DISQUALIFICATION LIST AS PROVIDED IN SECTION 660.315.

I HAVE READ AND UNDERSTAND THE ABOVE QUALIFICATIONS FOR APPLICANTS AS REQUIRED REGARDING CRIMINAL RECORD REVIEW.

Signature

Date

*****For Office Use Only*****

Disqualification list checked by phone & list _____ Initial & date

Criminal background checked _____ Initial & date

Nurse Registry checked _____ Initial & date

Family Care Safety Registry filed & checked _____ Initial & date

CNA Registry checked (ALL Employees for Federal Indicator) _____ Initial & date

MORNINGSIDE CENTER NURSING HOME AND ASSISTED LIVING APARTMENTS

1700 Morningside Drive, Chillicothe, MO 64601

APPLICANT'S (FOR EMPLOYMENT)

WAIVER OF LIABILITY AND RELEASE FORM

READ CAREFULLY BEFORE SIGNING:

In order to permit Morningside Center Nursing Home and Assisted Living Apartments to make a thorough investigation of my background, criminal record (adult or juvenile), health, family, personal habits and reputation for employment with said entity, I _____ hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons who shall furnish any information or opinions regarding my background, criminal record (adult or juvenile), health, family, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by Morningside Center Nursing Home and Assisted Living Apartments, its officers, agents, or employees to release and transmit to such officers, agents or employees, any information, data, or opinions they may have regarding my background, criminal record (adult or juvenile) health, family, personal entities contacted by Morningside Center Nursing Home and Assisted Living Apartments any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: Attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action Morningside Center Nursing Home and Assisted Living Apartments, the Livingston County Nursing Home District, their officers, agents and employees, for any statements, acts or omissions in the course of their investigation into my backgrounds, criminal record, (adult or juvenile), family, personal habits, and reputation.

I further realize that it may be necessary for Morningside Center Nursing Home and Assisted Living Apartments to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with Morningside Center Nursing Home and Assisted Living Apartments, expressly waive all of my legal rights and causes of action to the extent that the Morningside Center Nursing Home and Assisted Living Apartments investigation (for purpose of evaluating my suitability or application for employment) may violate or infringe upon those aforementioned legal rights and causes of action of mine.

This release from liability given by me to Morningside Center Nursing Home and Assisted Living Apartments, the Board of Directors of Livingston County Nursing Home District, their officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives.

READ CAREFULLY BEFORE SIGNING

SIGNATURE _____ DATE _____