



**Applicants for employment are subject to a test for drugs and alcohol**

Name: Last	First	Middle	Date:
Home Phone Number:		Cell Phone Number:	
Present Address: Street Address		City	State Zip
Social Security Number:			
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, pled no contest or found guilty of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give details (i.e., date, place & outcome):			
Have you ever been accused of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Employment Preference or Position Applying For:**

Accounting:	<input type="checkbox"/> Accounting Clerk	<input type="checkbox"/> Medicare Clerk
Administration:	<input type="checkbox"/> Programs <input type="checkbox"/> Receptionist	<input type="checkbox"/> Secretarial <input type="checkbox"/> Security
Assisted Living:	<input type="checkbox"/> LPN <input type="checkbox"/> RN	<input type="checkbox"/> Resident Care Assistant
Dietary:	<input type="checkbox"/> Cook <input type="checkbox"/> Dishwasher	<input type="checkbox"/> Kitchen Help <input type="checkbox"/> Waitress/Waiter
Housekeeping:	<input type="checkbox"/> Housekeeper <input type="checkbox"/> Janitor	<input type="checkbox"/> Laundry
Maintenance:	<input type="checkbox"/> Clerical <input type="checkbox"/> Driver	<input type="checkbox"/> General Maintenance <input type="checkbox"/> Groundskeeper
Skilled Nursing:	<input type="checkbox"/> Activities <input type="checkbox"/> CNA	<input type="checkbox"/> LPN <input type="checkbox"/> RN
<b>Other:</b>		
Schedule Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Short-Hour/Weekend <input type="checkbox"/> Baylor (RN/LPN Only)		
Which Shift Can You Work?: <input type="checkbox"/> Days or 7am-3pm <input type="checkbox"/> Evenings or 3pm-11pm <input type="checkbox"/> Nights or 11pm-7am		
Are you willing to: Work Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No    Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No    Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If employed, is your employer aware that you are contemplating changing employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If employed, how much notice should you give before leaving?		
Rate of Pay or Salary desired:		
Do you have relatives who work at Kirkwood? (Give Relationship and Department)		

**An Equal Opportunity Employer**

## Employment Data:

Have you previously been employed by us?     Yes     No

If yes, specify job title and date:

May we contact your present employer?     Yes     No

### List current or most recent employer first, include periods of unemployment, and/or Military Service

Current Employer (company name)	Your Job Title
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Street Address	Immediate Supervisor's Name
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City, State, Zip	Employment Dates From: _____ To: _____
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Telephone Number	Pay Rate or Salary Beginning: _____ Ending: _____
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Reason for Leaving	Other Name(s) Used
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Summarize Your Job Duties

Previous Employer (company name)	Your Job Title
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Street Address	Immediate Supervisor's Name
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City, State, Zip	Employment Dates From: _____ To: _____
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Telephone Number	Pay Rate or Salary Beginning: _____ Ending: _____
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Reason for Leaving	Other Name(s) Used
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Summarize Your Job Duties

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Street Address	Immediate Supervisor's Name
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City, State, Zip	Employment Dates From: _____ To: _____
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Telephone Number	Pay Rate or Salary Beginning: _____ Ending: _____
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Reason for Leaving	Other Name(s) Used
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Summarize Your Job Duties

**Attach additional pages if necessary.**

## Educational Background/Training:

	Name	Location	Highest Grade Completed	Course of Study	Degrees
High School					
College					
Special Training/ Adult Education					
If not graduated, why did you leave your last school?			GED <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have other job related skills, talents or licenses not covered elsewhere?			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Personal References whom we may contact (not relatives or former employers):

Name	Address	City	State	Zip	Phone Number (include area code)

### Please Read Before Signing

I understand that this application is not an offer of employment and that by accepting my application Kirkwood by the River ("Kirkwood") does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, Kirkwood reserves and retains the right to make such changes in the terms and conditions of my employment, with or without notice, as Kirkwood determines to be necessary or appropriate.

If employed, I agree to conform to the rules of Kirkwood. I understand and agree that any future employment is not for any guaranteed length of time, and that employment is based on the consent of both Kirkwood and the individual employee, and that both Kirkwood and I have the freedom to terminate the employment relationship whenever either chooses to do so, and that no policy, procedure or practice of Kirkwood may in any way constitute or be construed as either a contract of employment between Kirkwood and me or a promise of employment. I understand that no one other than the President of Kirkwood has authority to make any other agreement. Any such agreement must be in writing.

I understand that if I am offered employment I will have to undergo a physical exam as required by the Alabama State Board of Health and at any time Kirkwood deems appropriate after I am hired. Such physical examinations may include drug screening tests to determine whether I have been or am using illegal drugs, controlled substances, or prescribed medications. I understand that both initial and continued employment are contingent upon the successful completion of such examinations, but successful completion does not guarantee initial or continues employment. I will inform Kirkwood prior to any physical examination of any prescription drugs that I am currently taking. I agree to submit to such physical examinations and the results released to appropriate Kirkwood officials.

I hereby (a) authorize inquiries seeking information and/or verification concerning my personal and employment history, and (b) release from all liability, damage and/or responsibility all persons, schools, hospitals, corporations, governmental agencies or other organizations furnishing information and/or documents, regarding my personal and employment history, and (c) authorize the release of any such information and/or documents, including law enforcement records.

I certify that all statements made by me on this application as well as in employment interviews are true and complete to the best of my knowledge and that I have withheld nothing. Moreover, I understand that any omission or misrepresentation of fact may result in refusal of employment or immediate dismissal when discovered.

I understand and agree that if employed by Kirkwood, I am responsible for complying with Kirkwood policies and procedures, including reporting any behavior which I think may violate Kirkwood policies prohibiting discrimination, harassment, or retaliation in employment.

### I Have Read and Understand this Statement

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

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

