

# APPLICATION FOR EMPLOYMENT

**Beadles Nursing Home**  
**P.O. Box 728 916 Noble**  
**Alva, Ok 73717**

The following questions are asked so that we may know you better. It is our hope that through the application process we will learn enough about you and you will learn enough about us that we will have a long and mutually beneficial employment period.

We consider applicants for any position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please Print

POSITION APPLIED FOR \_\_\_\_\_ REFERRED BY: \_\_\_\_\_  
NAME \_\_\_\_\_ DATE APPLIED: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE \_\_\_\_\_  
SOC. SEC. \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### CIRCLE HIGHEST YEAR OF EDUCATION:

7 8 9 10 11 12 13 14 15 16+

Name/Address of Schools Attended	Location	Degree or Certificate

Special Skills: \_\_\_\_\_

---

**Professional/ Technical Applicants Only:** Are you currently registered or licensed? \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

**EMPLOYMENT HISTORY**

List last four jobs, starting with the most recent:

<b>Name/Address/Phone</b>	<b>Dates Employed</b>	<b>Reason for Leaving</b>	<b>Job Title</b>	<b>Supervisor</b>

Where are you now employed? \_\_\_\_\_

May we contact your present employer at this time? Y \_\_\_\_\_ N \_\_\_\_\_

**PERSONAL REFERENCES**

(Other than Relatives)

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Business</b>

Reason for desiring change? \_\_\_\_\_

Why are you interested in nursing home work? \_\_\_\_\_

What prompted you to apply here for employment? \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ If so, when? \_\_\_\_\_

If hired, when could you begin work? \_\_\_\_\_

Do you desire full – time? \_\_\_\_\_ Part-time? \_\_\_\_\_

Is there any shift you cannot work? \_\_\_\_\_ If, yes, which? \_\_\_\_\_

If selected, in case of emergency, notify \_\_\_\_\_

**PLEASE CHECK APPROPRIATE CATEGORY:**

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ NO. Children \_\_\_\_\_

Dependents other than children \_\_\_\_\_

**ADD'L COMMENTS:**

---

---

---

---

---

---

---

---

---

---

**PLEASE READ:**

I understand that my application will be active for 90 days from date of completion. If I am not hired during this period of time, I must let the facility know that I am still available and desiring employment.

I understand that it is my responsibility to keep the nursing home informed concerning changes in my availability to work.

I hereby certify that all of the above statements are true and I understand and agree that I am subject to immediate discharge without recourse if information provide is found to be untrue.

I voluntarily authorize this facility to contact any or all of my past or present employers and to otherwise investigate my past employment and any other statement contained in this application.

I further understand that final approval for employment will be subject to this an investigation.

I authorize all my past or present employers to furnish to this facility all information they may have concerning me, and I hereby release them and this facility from all liability or any damage whatsoever arising therefore.

I understand that any employment by this facility will be on a 90-day probationary basis.

I give my permission for alcohol/drug screen test upon request at anytime during my employment.

I understand that my employment will be governed by the “employment – at- will” doctrine. I may resign from the company at anytime, for any reason; and may be terminated from the company at anytime, for any reason, and with or without notice.

It is further understood that if I am hired, it will be as a temporary employee until my criminal background check is received by Beadles Nursing Home. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

Employment at this employer shall **not be** considered if the below signed individual has been convicted of one of the following crimes as stated by Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section):

- |                                                                      |                                                                                                                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Assault, battery, or assault and battery with a dangerous weapon, | I. Abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,                                                        |
| B. Aggravated assault and battery,                                   | J. Burglary in the first or second degree,                                                                                                                           |
| C. Murder or attempted murder,                                       | K. Robbery in the first or second degree,                                                                                                                            |
| D. Manslaughter, except involuntary manslaughter,                    | L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm,                                                                                       |
| E. Rape, incest or sodomy,                                           | M. Arson in the first or second degree,                                                                                                                              |
| F. Indecent exposure and Indecent exhibition,                        | N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act, |
| G. Pandering,                                                        | O. Grand larceny, or                                                                                                                                                 |
| H. Child abuse,                                                      | P. Petit larceny or shoplifting within the past seven (7) years.                                                                                                     |

I hereby certify that I have no previous convictions as listed in the Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section). My signature below authorizes the employer to run a check for notations of abuse, neglect or misappropriation of resident's property. I hereby give Beadles Nursing Home authority to proceed with criminal record history checks as required by law.

Signature \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date \_\_\_\_\_

(Date of birth is necessary to conduct a criminal arrest check. Date of birth is not used to determine eligibility for employment).