

EMPLOYMENT

Beginning with most recent employment, give a complete record of your last three employments and/or reasons for periods of unemployment. (Include military service)

Company Name		Address		Phone #	
Type of Business	Supervisors Name	Date Employment Began	Date Employment Ended		
If your employment records are under another name, please specify:					
Reason for Leaving	Starting Salary	Ending Salary	If still employed, may we check reference?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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			<input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL REFERENCES

Do not include relatives or former employers!

Name	Relationship	Company	Phone #	Years Known

The information on this application is accurate to the best of my knowledge. I authorize investigation of all statements contained in this application and do hereby release any and all persons, companies or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I agree to a medical examination. My employment will be subject to the conditions of the 90-day probationary period established by company policy. Any misrepresentation or omission of facts on this application disqualifies me from further consideration, or, if I am employed, it is sufficient cause for dismissal. Any employment offer or placement made is contingent upon meeting Gregston's Nursing Home standards and satisfactory results from reference checks. I fully agree to the foregoing statements and conditions.

Signature _____

*It is the policy of Gregston's Nursing Home to provide employment, training, compensation, promotion and other conditions of employment to all qualified applicants according to the Equal Employment Opportunity Law and Section 504 of the Rehabilitation Act of 1973.



711 S. Broadway, Marlow, Oklahoma 73055 - Phone: 580.658.2319 Fax: 580.658.6943

Application for Employment

PLEASE PRINT

Date of Application: _____

First Name	Middle Name	Last Name	Other Names	Social Security
Address		City	State	Zip
Date of Birth (Optional)		Length of Residency in Community		Referred by:

PERSONAL

Have you ever been convicted of a law violation (other than minor traffic violations)? Yes No
 If yes, explain: _____

Are you a citizen of the United States? Yes No
 If no, status is: Permanent Immigrant Student VISA Exchange Visitor VISA
 Current Work Permit Other (Please explain)

WORK INFORMATION

Type of work for which you are applying: _____ Do you know of any reason you would need a leave of absence during the next 12 months? If yes, explain: _____

Type of employment you are seeking: Full Time Part Time
 6:00am–2:00pm(days) 2:00pm–10:00pm(evenings) 10:00pm–6:00am (nights)
 Saturdays Sundays Rotating Weekends Other/Flexible Scheduling

Willing to work extra if necessary? Yes No

Do you have any relatives employed at Gregston's Nursing Home?
 Yes No If yes, Name: _____ Relationship: _____

Have you ever been employed by Gregston's Nursing Home or Elk Crossing? Yes No
 If yes, where: _____

Dates of employment: _____ Why did you leave? _____

EDUCATION

School and Location	Courses Majored In	Check last year completed				Graduated?	Last year attended
High School		1	2	3	4		
College or University		1	2	3	4		
Advance Study		1	2	3	4		
Trade or Vocational		1	2	3	4		

List any special skills: _____

List any current professional license (Nursing, X-ray, etc.): _____

List any professional organizations to which you belong: _____

In Case of an Emergency, Notify:	Name	Phone #