

# APPLICATION FOR EMPLOYMENT

\*\*\*Confidential\*\*\*

(PLEASE PRINT CLEARLY)

This application may be for employment with The Nugent Group {Nugent Convalescent Home, CCRC; Clepper Manor, CCRC; NuBridge Development, Inc.; or NuChoice Health Partners}. This company does not discriminate on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the required job related duties. No question on this application is intended to secure information to be used for such discrimination.

## PERSONAL

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Maiden Name

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Primary Phone Number                                      Alternate Phone Number

	Position Desired	Shift	Salary
First Choice			
Second Choice			

HAVE YOU LIVED IN PENNSYLVANIA FOR THE LAST TWO CONSECUTIVE YEARS? \_\_\_\_\_

If not, what was your previous address:

\_\_\_\_\_  
Previous Address                                      City                                      State                                      Zip Code

### Employment Desired (check all circles that apply)

Will you accept employment:     Full time     Part Time     Temporary     PRN Pool  
    Days             Evenings     Nights             Weekends only  
    Holidays     12 Hour Shifts    Other: \_\_\_\_\_

Are you 18 years of age or older?     Yes             No            Are you employed now?     Yes     No

How did you become aware of this opening? \_\_\_\_\_

### CRIMINAL BACKGROUND:

Have you ever been convicted of any felony or misdemeanor, and/or do you currently have any criminal charges pending and unresolved in any court?     Yes     No

If you have answered yes, please provide explanation and/or documentation:

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL ORGANIZATIONS:**

Please list any professional organizations that you are a current member:

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**EDUCATION:** Information on high schools, colleges, technical schools, military, and/or GED.

Name of School	City/State	Graduation Date	Diploma/Degree

**LICENSES AND/OR CERTIFICATIONS:**

Type	Number	State	Expires

**EMPLOYMENT:** List work experiences from present to previous:

Dates Worked	Employer	Address/Phone #	Position

**May we ask your present and/or past employers about you?**       Yes       No

**REFERENCES:** Please do not list friends or relatives.

Name	Position	Address	Phone Number

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant this company permission to verify such answers. I understand that any false statement on this application may be considered sufficient cause for rejection of this application or for dismissal if such

false statement is discovered subsequent to my hiring. If this application is considered favorable, I agree to abide by the policies and procedures set forth by this company.

I voluntarily give this company 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 company at such time and place as the company shall designate. I understand that after an offer of employment has been made, 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 false statement 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. I also understand a criminal background check will be completed and a list of the Prohibitive Offenses will be provided.

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Signature

Date