



APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

POSITION APPLYING FOR: _____

DATE: _____

PERSONAL INFORMATION

| | | | |
|------------------------------------|---------------|---------------------|-----|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | SOCIAL SECURITY NO. | |
| ADDRESS | CITY | STATE | ZIP |
| PHONE | EMAIL ADDRESS | REFERRED BY | |

GENERAL INFORMATION

| | | |
|--|-----------------------|--------------|
| WHEN CAN YOU START WORK? | FULL TIME/PART TIME? | WHAT SHIFTS? |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY OR VIOLENT CRIME? YES NO IF YES, EXPLAIN: | | |
| HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT DUE TO ABUSE OF CLIENTS OR RESIDENTS? YES NO IF YES, EXPLAIN: | | |
| HAVE YOU BEEN EMPLOYED BY SISTERS OF MERCY BEFORE? WHEN? | YES NO WHERE? | |
| DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY MERCY CENTER? WHO? | YES NO | |
| DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES? YES NO Federal Laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. | | |

Mercy Center Nursing Unit, Inc. consider all applicants for employment without regard to race, religion, color, sex, national origin, age, disability, sexual orientation, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Mercy Center Nursing Unit, Inc. will provide "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

EDUCATION

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------------|----------------|-------------------|------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| OTHER | | | |

TECHNICAL TRAINING

| TYPE OF TRAINING | SCHOOL/TRAINER | WHEN | DID YOU RECEIVE A DIPLOMA OR CERTIFICATE? |
|------------------|----------------|------|---|
| | | | |
| | | | |

PROFESSIONAL INFORMATION (If Applicable)

| | | | |
|------------------------------|------------------|-------------------------------------|------------------|
| PROFESSIONAL LICENSURE: | | REGISTRY/CERTIFICATION: | |
| LICENSE NUMBER: | | REGISTRATION NO: | |
| EFFECTIVE DATE: | EXPIRATION DATE: | EFFECTIVE DATE: | EXPIRATION DATE: |
| OUT OF STATE LICENSE/NUMBER: | | OUT OF STATE CERTIFICATION /NUMBER: | |

EMPLOYMENT HISTORY

| | | |
|-----------------------------|--|-------------------------|
| DATES MONTH/YEAR | FROM: _____ TO: _____ | JOB TITLE: _____ |
| EMPLOYER INFORMATION | Employer Name: _____ Employer Phone: _____ | |
| | Employer Address: _____ Supervisor Name: _____ | |
| | May we contact this employer? Yes No If no, why? _____ | |
| POSITION HELD | Describe duties: _____ | |
| | Salary: \$ _____ Reason for leaving: _____ | |

| | | |
|-----------------------------|--|-------------------------|
| DATES MONTH/YEAR | FROM: _____ TO: _____ | JOB TITLE: _____ |
| EMPLOYER INFORMATION | Employer Name: _____ Employer Phone: _____ | |
| | Employer Address: _____ Supervisor Name: _____ | |
| | May we contact this employer? Yes No If no, why? _____ | |
| POSITION HELD | Describe duties: _____ | |
| | Salary: \$ _____ Reason for leaving: _____ | |

| | | |
|-----------------------------|--|-------------------------|
| DATES MONTH/YEAR | FROM: _____ TO: _____ | JOB TITLE: _____ |
| EMPLOYER INFORMATION | Employer Name: _____ Employer Phone: _____ | |
| | Employer Address: _____ Supervisor Name: _____ | |
| | May we contact this employer? Yes No If no, why? _____ | |
| POSITION HELD | Describe duties: _____ | |
| | Salary: \$ _____ Reason for leaving: _____ | |

RESIDENT HISTORY

| | | |
|--|------------|----------|
| <p>HAVE YOU BEEN A RESIDENT OF THE STATE OF PA FOR TWO YEARS PRIOR TO FILLING OUT THIS APPLICATION? YES NO IF NO, PLEASE PROVIDE YOUR PREVIOUS ADDRESSES AND THE DATES YOU RESIDED THERE.</p> | | |
| ADDRESS: _____ | FROM _____ | TO _____ |
| <small>CITY, STATE, ZIP</small> | | |
| ADDRESS: _____ | FROM _____ | TO _____ |
| <small>CITY, STATE, ZIP</small> | | |

READ CAREFULLY

Mercy Center Nursing Unit, Inc., in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background including my permission to do a complete criminal background check.

I understand that Mercy Center Nursing Unit, Inc. has a commitment to maintain an alcohol/drug free workplace and that Mercy Center Nursing Unit, Inc. may require an alcohol/drug testing under circumstances during my employment.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time, for any reason. Likewise, Mercy Center Nursing Unit, Inc. can terminate my employment at any time with or without cause.

I authorize and request that all of my present and former employers and those individuals I have listed as professional references furnish information about my employment record, including a statement of reason for termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the required information.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Mercy Center Nursing Unit, Inc. I further understand that no manager or representative of Mercy Center Nursing Unit, Inc. other than the administrator has the authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the administrator of Mercy Center Nursing Unit, Inc.

I UNDERSTAND, AGREE, AND ACCEPT ALL OF THE TERMS AND CONDITIONS SET FORTH ON THIS APPLICATION:

APPLICANT'S SIGNATURE: _____ **DATE:** _____