



**Employment Record** (list last or present position first)

**Describe Duties performed on Job.**

Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

\_\_\_\_\_  
Last First Middle Initial

Have you ever been convicted of a crime?  Yes  No If yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information, which will assist us in placing you, including at **least two personal references not related to you**, who you have known at least one year.

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

**Do Not Answer Questions In This Area – To Be Completed After Employed**

Date of Birth \_\_\_\_\_ Martial Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and ages of children \_\_\_\_\_

Notify In Case of Emergency:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Street City State Zip Code Telephone

**EMPLOYEE INFORMATION ON DISMISSALS AND CRIME CONVICTIONS**

1. Have you ever been dismissed from employment due to abuse of clients or residents? \_\_\_\_ Yes \_\_\_\_ No

(If the answer is YES, please explain in detail the circumstances which led up to your dismissal(s). If this happened more than one time, please explain below each and every dismissal. If you need more space, please use other side).

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2. Do you have a history of or have you even been convicted of a violent crime(s)? \_\_\_\_ Yes \_\_\_\_ No  
(If the above answer is YES, please explain below the circumstances which led up to your dismissal(s). If you need more space, please use other side).

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3. Upon the event that my employment ends at Whitehall Manor, I would return to this facility only by invitation from management.

I AM AWARE THAT ALL OF THE ABOVE STATEMENTS ARE CORRECT AND THAT ANY INCORRECT STATEMENT TO TRY AND COVER UP THE TRUTH SHALL BE JUST CAUSE FOR DISMISSAL.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Whitehall Manor is An Equal Opportunity Employer.

**Fill out this section only**

**Concerning (Name)** \_\_\_\_\_

**Address** \_\_\_\_\_

**I hereby authorize the facility/institution named below to release all information requested on this confidential reference request.**

**Signature** \_\_\_\_\_

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Dear Sir or Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated, and will be held in complete confidence. The applicant and I will both benefit from an early reply, since his/her employment is pending. Thank You.

Name \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position of Title \_\_\_\_\_

Duties and/or Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Would you rehire?  Yes  No If not, why not? \_\_\_\_\_

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Quality of Work  Good  Adequate  Poor

Quantity of Work  Good  Adequate  Poor

Attendance  Good  Adequate  Poor

Cooperation  Good  Adequate  Poor

Initiative  Good  Adequate  Poor

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Other Comments (your remarks are the most important part of the questionnaire):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

## Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution 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 institution at such times and places as the institution shall designate. I understand that an offer of 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 misstatement or omission of fact appearing on this application form.

I understand that this is a "No Smoking" facility. I understand and agree to abide by all personnel rules specific to this policy.

If employed, I will be required to completed an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Available Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____
	P.M.	P.M.	Will you accept another position? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Monday	A.M.	A.M.	If so, what? _____
	P.M.	P.M.	Are you available to work: <span style="float: right;">Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Tuesday	A.M.	A.M.	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	Rotating Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
Wednesday	A.M.	A.M.	Do you limit your annual earnings due to Social Security or other reasons?
	P.M.	P.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday	A.M.	A.M.	If yes, please state what is the maximum amount you wish to earn _____
	P.M.	P.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then for any future employment.
Friday	A.M.	A.M.	What Language(s) other than English do you speak? _____
	P.M.	P.M.	_____
Saturday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	_____

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

### Mandatory Overtime

If the number of call-offs puts a shift below the minimum staffing guidelines for the facility, employees from the prior shift are required to stay overtime for a minimum of 3 hours on a rotating basis.

I understand this Mandatory Overtime Policy and I acknowledge that I will be expected to stay overtime if required.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**Interviewers Comments**

Interviewer	Date	Comments

**Reference and Prior Employment Check**

Individual Contacted	Name of Firm	Results of Check

**For Personnel Office Use**

Hired \_\_\_\_\_ For what department \_\_\_\_\_ Position \_\_\_\_\_  
 Year \_\_\_\_\_  
 Salary \_\_\_\_\_ per Month \_\_\_\_\_ Starting Date \_\_\_\_\_  
 Hour \_\_\_\_\_