

THE MORRISON APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Before you will be considered for an interview, you must furnish at least 2 written business references and one personal reference. Students without prior work history should submit letters of recommendation from teachers, guidance counselors, or anyone in the community that can attest to your character and reliability. If you are applying for a position that requires a license (RN, LPN, MNA, or LNA), also include a copy of your current license. Thank you!

Applicants are subject to a criminal record check. Individuals applying for positions in the nursing home and the maintenance department are subject to testing for tuberculosis and must pass a pre-employment physical.

PERSONAL INFORMATION

PLEASE PRINT – COMPLETE ALL SECTIONS – INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone Number: _____ E-mail address: _____

Referred By: _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position: _____ Availability Date: _____ Salary Desired: _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREE (S) RECEIVED
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Continued on Other Side)

GENERAL INFORMATION

Subjects of Special Study or Research Work: _____

Job Related Skills (i.e. typing, driver's license, etc.): _____

Activities Other Than Religious (Civic, Athletic, etc.): _____

NOTE: EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATED THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS

(List below your last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Telephone Number	Salary (upon leaving)	Position	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					

REFERENCES

(List below three persons not related to you, whom you have known at least one year.)

Name	Address	Telephone Number	Position	Years Acquainted
1.				
2.				
3.				

If you are hired by The Morrison, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by The Morrison.

I understand that any employment is conditioned on a background check. I authorize The Morrison to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to The Morrison, without giving me prior notice of such disclosure. In addition, I release The Morrison, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or The Morrison. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Morrison unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by The Morrison and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to The Morrison the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by The Morrison's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate The Morrison to hire. If hired, I agree to abide by all The Morrison's work rules, policies and procedures. The Morrison retains the right to revise its policies or procedures, in whole or in part, at any time.

Date: _____

Signature: _____

THE MORRISON
JOB APPLICATION ADDENDUM

The Omnibus Reconciliation Act of 1987 mandates the information requested below.

All Applicants:

Have you ever been convicted and/or found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If yes, please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No: . Yes: _____ Describe: _____

Within the past five years, have you been convicted of: (1) a felony, (2) cruelty to persons, or (3) assault of a person sixty (60) years of age or older? If yes, please describe the offense, the date of conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No: . Yes: _____ Describe: _____

Signature of Applicant

Date

Licensed Applicants:

HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION BY A HEALTH CARE LICENSING AGENCY IN THIS OR ANY OTHER STATE, OR IN ANY OTHER UNITED STATES OR FOREIGN JURISDICTION? IF YES, PLEASE IDENTIFY THE NATURE AND DATE OF THE ACTION, THE LICENSING AGENCY INVOLVED, AND THE UNDERLYING CIRCUMSTANCES OR OTHER INFORMATION TO HELP US EVALUATE YOUR FITNESS FOR EMPLOYMENT.

No: . Yes: _____ Describe: _____

Nurse Assistant Applicants:

“I hereby certify that I have not been convicted and/or found guilty of resident neglect, abuse, or mistreatment, or of misappropriation of resident property in this state or any other state that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by The Morrison is conditional upon the verification of this information with the State Patient Abuse Registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment. I further understand that any offer of employment by The Morrison is conditional upon verification of my state certification as a Nurse Assistant. In the event that I have not yet been certified and in the event that I am offered employment with The Morrison, I agree to undertake the required training and competency certification requirements immediately upon commencing employment.”

Signature of Applicant

Date