

F.C.N. & R.C. is an equal opportunity employer. All applicants to be considered without regard to sex, age, handicap, race, color, religion or national origin. Applications will be kept active for a period of ninety days following initial submission; thereafter, they will become inactive unless the applicant appears in person to reapply.

FOREST CITY NURSING & REHAB CENTER

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER AND PRINT ALL QUESTIONS YOURSELF, DO NOT TYPEWRITE

PERSONAL DATA

POSITION APPLIED FOR		REFERRED BY	IF APPLIED WITH US BEFORE STATE WHEN	STATE WHERE	TODAY'S DATE	
IF EMPLOYED BY US BEFORE GIVE DATE FROM TO		JOB TITLE	DEPARTMENT			REASON(S) FOR LEAVING
NAME LAST	FIRST	MIDDLE	HOME TELEPHONE NUMBER			
ADDRESS NUMBER	STREET	CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER	
How long have you lived at the above address			Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are You: Over the age 65? <input type="checkbox"/> No <input type="checkbox"/> Yes Under the age 18? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nickname (if used)	Previous Name (if required for references)		How were you referred to us? (indicate name of agency, paper, employee, etc.) <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Other			
			Personal Physician			
			Date of last examination			

Do you have any relative currently employed by us?
 No Yes
 (Determination of employed relatives does not exclude an applicant from employment, but is used to prevent placement which may create conflicts of interest.)

Have you ever been convicted of a felony or other crime of dishonesty or breach of trust or damage to the person or property of others? No Yes If Yes, give dates and explanations. (Conviction does not automatically exclude you from consideration for employment, and you will be given the opportunity to explain any convictions.)

CONVICTION NO. 1		CONVICTION NO. 2	
Offense	Date	Offense	Date
Location	Fine or Sentence	Location	Fine or Sentence

JOB INTEREST

REFERENCES (List three persons who know you and your abilities well. Do not include relatives)				
Name	Occupation	City	State	Telephone Number
1.				
2.				
3.				

DEPARTMENTS PREFERRED				
<input type="checkbox"/> Activities	<input type="checkbox"/> Dietary	<input type="checkbox"/> Laundry	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Business Office	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Social Work
Position Applied For		Earnings Expected \$ per	Date Available	
Professional License	Occupational License	Type	State	License No. Renewal No. Expiration Date
Are You Willing To Work				
Holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Evening Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Night Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked in a nursing home or hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			if yes state position:	
			Other experience working with elderly and infirm: Explain	

MILITARY STATUS

Have you had U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates of service	List military duties and any special training received in the service
Type of Discharge - Honorable or Other (if other than Honorable, please explain)		If you have a physical limitation or disability related to military service is the disability rated?

EDUCATION AND SKILLS

TYPE OF SCHOOL	NAME	CITY AND STATE	GRADUATE?	DATE	DEGREE
Elementary					
High School					
College or Nursing					
College					
Business or Trade					
Special Training					

Are you now attending school?
 yes no part-time full-time
 List any other courses, studies or training:

What courses are you taking?
 Academic Business General Vocational

Expected date of Graduation?

EMPLOYMENT RECORD

Typing Speeds wpm	Shorthand Speed wpm	Specify other equipment and clerical skills.	Employment Dates		INDICATE POSITION HELD AND REASON FOR LEAVING.	NAME AND TITLE OF IMMEDIATE SUPERVISOR AND PAY	
			From Mo. Yr.	To Mo. Yr.		Name: Title:	Starting Pay Ending Pay
					Position Held	Name: Title:	Starting Pay Ending Pay
					Reason for Leaving	Name: Title:	Starting Pay Ending Pay
					Position Held	Name: Title:	Starting Pay Ending Pay
					Reason for Leaving	Name: Title:	Starting Pay Ending Pay
					Position Held	Name: Title:	Starting Pay Ending Pay
					Reason for Leaving	Name: Title:	Starting Pay Ending Pay

Which of the above jobs did you like the most, and explain why?

Which of the above jobs did you like the least, and explain why?

WOULD YOU OBJECT TO THE PERSONNEL DEPARTMENT CONTACTING YOUR EMPLOYER FOR A REFERENCE? Yes No

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools, and personal references to provide any information they may have regarding me, whether or not it is on their record. I hereby release them and their company from all liability for divulging same. I understand that all statements made are open to investigation by FOREST CITY NURSING & REHAB CENTER and that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during the period of my employment, and I agree to hold FOREST CITY NURSING & REHAB CENTER and persons named herein blameless in that event.

If employment is obtained under this application, I will comply with all rules and regulations of this company. I agree to be responsible for company property and equipment handled by me and agree to pay for any equipment or property which is damaged or lost while in my possession. I agree to submit to a pre-employment physical examination and annual testing for TB.

Further, I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my salary or wages, be terminated at any time, for any reason, without notice, by this company.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

INTERVIEW'S ESTIMATE

Apperance: _____ Behavior: _____

Interest: _____ Flexibility: _____

Other Comments: _____

Recommend

Wait for Reference Check

Hold for Future Opening

Not Qualified

Consider

Interviewed by: _____ Title: _____ Date: _____



**FOREST CITY
NURSING & REHAB CENTER**

915 Delaware Street
Forest City, Pennsylvania 18421-1099
(570) 785-3005
Fax: (570) 785-9559

**PROVISIONAL EMPLOYMENT
CRIMINAL BACKGROUND CHECK**

I, _____, hereby
swear and affirm that a criminal history background clearance has been requested of the _____
on _____ and that I have never been convicted of a crime that would prohibit my
employment at the Forest City Nursing Center. I also understand that my employment is provisional and continued
employment is based upon information to be received from the criminal justice agency. If the clearance request
indicates convictions for crimes that prohibit my employment under the act, I understand that my employment
must be terminated in compliance with state law.

(Signature)

(Witness)



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**APPLICATION FOR EMPLOYMENT
CRIMINAL BACKGROUND CHECK**

I, _____, have been advised and understand that, as a condition of my employment with the Forest City Nursing Center, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996, and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act.

(Signature)

To: _____ Date _____

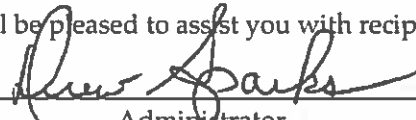
Address: _____ Re: _____

City / State: _____

Dear Sir or Madam:

_____ has applied for a position with our facility and indicates previous employment with your organization. The information requested below will help us place the applicant advantageously. Since it is our policy not to hire anyone without a completed reference check, we would appreciate your prompt response. Enclosed is a postage-paid return envelope for your convenience. In answering this questionnaire, please do not disclose the race, national origin, and/or religion of the applicant. If you are being contacted as a personal reference, we would only expect written comments on the lines allotted for "additional comments".

We will be pleased to assist you with reciprocal requests. Thank you.



Administrator

I, _____ in applying for employment, want the Forest City Nursing & Rehab Center to be fully informed of my previous work record. I am therefore granting authorization to Forest City Nursing & Rehab Center to make any investigation of my personal history, employment history, financial and credit records (consistent with the requirements of Federal and State legislation governing the disclosure of credit information) through any investigation or credit agency or bureaus of its choice, and educational background, including my academic achievements,

I hereby release all persons, companies, or other institutions from all liability or responsibility on account of the verification of the information I have supplied, or may in the future supply.

Signature of Applicant

Date

Position held: _____ Date Employed: _____ Date Left: _____

	Excellent	Good	Adequate	Unsatisfactory	N/A
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability & attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for leaving? _____

Would you rehire? _____ If not, why not? _____

Any injury on the job? _____ If yes, please state date, nature, and lost time: _____

Information supplied by: _____ Title: _____ Date: _____

To: _____ Date _____

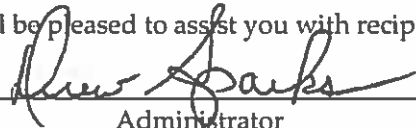
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Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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