

# DAVIS NURSING FACILITIES EMPLOYMENT APPLICATION

Davis East  Davis West  Garden Pointe  Whispering Knoll  The Gardens at Whispering Knoll

## To be considered for employment, you must provide the following:

1. A copy of your current license if you are applying as an RN, LPN or CNA
2. Evidence of a current TB test
3. A drivers license or other picture form of identification
4. Your Social Security card or proof of request for a Social Security card
5. An active telephone number where you may be contacted

Student  Licensed but not working  Working, 2-week notice

### FOR OFFICE USE ONLY

1. Proof of current license  Yes  No Initials \_\_\_\_\_ Expiration date \_\_\_\_\_
2. Current TB test  Yes  No Initials \_\_\_\_\_ Expiration date \_\_\_\_\_
3. Copy of drivers license  Yes  No Initials \_\_\_\_\_ Expiration date \_\_\_\_\_
4. Copy of Social Sec. card  Yes  No Initials \_\_\_\_\_
5. Proof of living in state five consecutive years  Yes  No
6. Current, active phone number  Yes  No

### Applications are active for 90 days from date of completion.

Applying for  Full time  Part time as a  RN,  LPN,  CNA, or  Environmental

Laundry,  Administration, or  Other \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Address (City-state-zip) \_\_\_\_\_

Date of birth, day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Day phone \_\_\_\_\_ Night phone \_\_\_\_\_ Other phone \_\_\_\_\_

Check shifts you can work  Day  Evening  Night Can you work weekends?  Yes  No

If you are a student, please list the days and times you cannot be available for work \_\_\_\_\_

This facility does not discriminate against any person on the basis of race, color, national origin, disability or age, or genetic factors in admission, treatment, participation in programs, services, activities, or employment. For additional information, contact the Human Resources Department.

Have you ever worked for a Davis facility?  Yes  No If yes, when \_\_\_\_\_

How long have you lived in Arkansas? \_\_\_\_\_  Years  Months. If you have lived in Arkansas for less than five years, list the states where you lived previously:

Persons convicted of certain crimes are restricted from employment in long term care facilities.

Have you ever been convicted of a crime  Yes  No

If yes, in what year were you convicted \_\_\_\_\_ For what offense \_\_\_\_\_

Explain the details of your conviction \_\_\_\_\_

Have you served in the Armed Forces?  Yes  No

If yes, date of discharge \_\_\_\_\_ type of discharge \_\_\_\_\_

Are you an United States citizen?  Yes  No

If no, do you have the legal right to work in the United States?  Yes  No

If yes, please complete the following:

Visa classification: \_\_\_\_\_ Visa expiration date \_\_\_\_\_

Country \_\_\_\_\_ Passport # \_\_\_\_\_

Alien Registration # \_\_\_\_\_

## **YOUR EDUCATION:**

**College/university** \_\_\_\_\_ **Location** \_\_\_\_\_

Course of study \_\_\_\_\_

Years completed \_\_\_\_\_ Did you graduate?  Yes  No If yes, year graduated \_\_\_\_\_

Degree \_\_\_\_\_

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**High school** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_

Years completed \_\_\_\_\_ Did you graduate?  Yes  No If yes, year graduated \_\_\_\_\_

**Elementary school** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_

Years completed \_\_\_\_\_ Did you graduate?  Yes  No If yes, year graduated \_\_\_\_\_

**Trade, vocational or CNA training provider**

\_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_

Years completed \_\_\_\_\_ Did you graduate?  Yes  No If yes, year graduated \_\_\_\_\_

**PROFESSIONAL LICENSES:**

Are you a licensed professional?  Yes  No

If yes, type of License \_\_\_\_\_

License Number \_\_\_\_\_ States and expiration dates \_\_\_\_\_

If not in Arkansas, have you applied in Arkansas?  Yes  No Date applied: \_\_\_\_\_

Details of any employment in conjunction with earning your license \_\_\_\_\_

**Do you have relatives or co-habitants working at any Davis Life Care Facility?**

Yes  No. If you have any relatives, significant others, or anyone living in the same household as you who works for any Davis Life Care Center facility, please list that person or persons below:

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

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

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

Failure to disclose the correct information is considered falsification of information and is subject to disciplinary action including termination.

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**YOUR EMPLOYMENT HISTORY:** Please list your previous places of employment, beginning with the most recent. If you have worked under a different name, please indicate which job you worked under each name you used. Please list at least three places of employment. If you do not have three previous places of employment, substitute personal references.

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Name of employer	Telephone
Address	Employment dates Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title and duties	
Name of supervisor	Weekly pay starting / last
Reason for leaving	

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Name of employer	Telephone
Address	Employment dates Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title and duties	
Name of supervisor	Weekly pay starting / last
Reason for leaving	

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Name of employer	Telephone
Address	Employment dates Licensed <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title and duties	
Name of supervisor	Weekly pay starting / last
Reason for leaving	

May we contact your present employer?  Yes  No. Please list any additional experience, skills, or other qualifications which may be considered in evaluating your qualifications for employment below. Continue on page six of this application or an additional sheet if necessary.

**INVESTIGATIONS AND/OR DISCIPLINARY ACTIONS:** Are there any investigations, disciplinary or other actions pending against you that will impact your ability to work as a licensed employee in any Davis Life Care Center facility?  Yes  No. If yes, please explain below.

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**ATTENDANCE AND PUNCTUALITY:** Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the company?  Yes  No If yes, please explain:

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**SPECIAL ACCOMMODATIONS:** Are you able to perform the essential functions of the job you are applying for without reasonable accommodations  Yes  No. If no, please explain or identify what special accommodations are needed: (If more space is needed, write in the bottom section of the next page this application or include an extra sheet if necessary).

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## **IMPORTANT, PLEASE READ CAREFULLY BEFORE SIGNING**

**RELEASE OF EMPLOYMENT INFORMATION:** I voluntarily give Davis Nursing Association facilities (hereinafter known as “facility”) and it’s representative(s) the right to make any investigation of my personal history and give my former educators, employers or any other persons or agencies the right to release these records in their entirety.

**FRAUDULENT INFORMATION:** I understand I may be ineligible for employment or be subject to immediate dismissal if any of the information I have given in the application is false or if I have failed to provide any pertinent information that could affect my possible employment.

**CONSENT TO DRUG TEST:** I agree to submit to a physical examination and/or drug testing, and valid driver’s license check whenever requested and understand my becoming employed or my continued employment is subject to the results of any test or examination related to my job duties in accordance with facility policies and procedures.

**CRIMINAL BACKGROUND:** I further agree to the facility conducting a criminal background investigation at its discretion or in accordance with state and federal laws, rules or regulations.

**OTHER SHIFTS:** If employed, I understand I may be required to and agree to work shifts other than that for which initially hired and to work weekends on a rotating basis.

**EMPLOYMENT AT WILL:** I understand that although facility has published certain rules, procedures & guidelines for the conduct of employees, if employed, I will be an employee at will for an indefinite period. The employee or employer may sever relationship at any time, for any reason or no reason and with or without notice and that neither this application nor the employee handbook constitutes all or any part of an employment contract between the facility and me. I also understand that any oral or written statements or promises to the contrary are invalid and must not be relied upon by me.

This facility does not discriminate against any person on the basis of race, color, national origin, disability or age, or genetic factors in admission, treatment, participation in programs, services, activities, or employment. For additional information, contact the Human Resources Department.

**FIVE-YEAR WORK HISTORY:** I state that I have lived in the State of Arkansas for the past five (5) years and if not, I have listed the State and/or work references going back 5 years on this Application and understand I must complete the form for an FBI check as well as the State of Arkansas Background Check Form.

**I HAVE READ THIS APPLICATION FORM** in its entirety and certify I understand by signature I am consenting to the foregoing and certify the information given by me is true and complete to the best of my knowledge.

**WE ARE AN EEOC EMPLOYER AND DO NOT DISCRIMINATE** against any person on the basis of race, color, national origin, disability, age or genetic factors in admission, treatment, participation in programs, services, activities or employment. For additional information, contact the Human Resources Department.

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Signature

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Date

**ADDITIONAL COMMENTS OR INFORMATION**

If you have additional comments or information, please write below: