



APPLICATION FOR EMPLOYMENT

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, marital status, handicap, sex, national origin, age, mental or physical disability, veteran status, or any other reason prohibited by law.

This application is active for 60 days.

POSITION APPLIED FOR: _____

NAME: _____
(Last) (First) (MI)

OTHER NAMES YOU'VE WORKED UNDER: _____

CURRENT ADDRESS:

(Street) (City) (State) (Zip)

FORMER ADDRESS:

(Street) (City) (State) (Zip)

EMAIL: _____ PHONE #: _____

Circle one answer per question below:

- Are you at least 18 years of age? **YES NO**
- Are you a U.S. Citizen or legally authorized to work in the U.S.? **YES NO**
- Do you have adequate means of transportation to get to work on time each day and when called in on a short notice? **YES NO**
- Review the job description for the position for which you are applying. Do you meet the qualifications and have the ability to perform the essential job functions of this job? **YES NO**
- If you have answered no to any of the above, please explain:

- Would you accept part time work? **YES NO**
- Would you accept temporary work? **YES NO**

Circle one answer per question below:

- Are you related to anyone in this facility? **YES** **NO**

- If yes, state the name and relationship of each relative:

- Were you referred to us by anyone in this facility? **YES** **NO**

- If yes, who referred you? _____

- Will you work overtime whenever scheduled or requested? **YES** **NO**

- Have you ever been employed by this facility? **YES** **NO**

- If yes, please list the following:

Dates: _____

Position: _____

Reason for Leaving: _____

- Have you ever been employed by Marshall Manor/Terrace Lake? **YES** **NO**

- If yes, list dates/positions and reason for leaving: _____

- Special skills/training you possess and equipment you can operate:

- Long range occupational/educational goals: _____

- Date you can begin work: _____ Preferred shift: _____

MILITARY SERVICE RECORD

The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal laws and regulations. Please provide an answer to each question below:

- Are you now a member of a Reserve or National Guard Unit? **YES NO**
- Were you in the U.S. Armed Forces? **YES NO**
- If yes, what branch?: _____ Type of Discharge: _____
- Dates of Duty: From: _____ To: _____
- List duties in the military or special training that prepared you for the position you are seeking:

BACKGROUND INFORMATION

In addition to these questions, this facility requires a background check prior to employment. Please provide an answer to each question below.

- Have you ever been convicted or plead guilty to any criminal felony offense other than traffic violations? **YES NO**
- Have you been released from confinement following a conviction for any criminal felony offense?
YES NO
- Are you presently charged with any felony convictions of law other than traffic violations?
YES NO
- If your response to any of the preceding three questions is "YES", give the date, place and nature of each such conviction or pending charge. The existence of a conviction or pending charge will not necessarily preclude you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.

EDUCATION

<u>High School</u>	<u>Graduation Date</u>	<u>Diploma Type</u>
<u>College</u>	<u>Graduation Date</u>	<u>Degree Earned</u>
<u>Nursing School</u>	<u>Graduation Date</u>	<u>License Obtained</u>
<u>Other</u>		

EMPLOYMENT HISTORY

List all employers for whom you have worked during the last five years. Explain any lapses between times when employed. You may attach a resume, but must still completely fill in this section.

<u>Name of Employer</u>	<u>Job Title</u>
<u>Address (City, State, Zip Code)</u>	<u>Duties</u>
<u>Dates of Employment (required)</u> From: To:	<u>Supervisor</u>
<u>Telephone (required)</u>	<u>Reason for Leaving (required)</u>

<u>Name of Employer</u>	<u>Job Title</u>
<u>Address (City, State, Zip Code)</u>	<u>Duties</u>
<u>Dates of Employment (required)</u> From: To:	<u>Supervisor</u>
<u>Telephone (required)</u>	<u>Reason for Leaving (required)</u>

EMPLOYMENT HISTORY

<u>Name of Employer</u>	<u>Job Title</u>
<u>Address (City, State, Zip Code)</u>	<u>Duties</u>
<u>Dates of Employment (required)</u> From: To:	<u>Supervisor</u>
<u>Telephone (required)</u>	<u>Reason for Leaving (required)</u>

<u>Name of Employer</u>	<u>Job Title</u>
<u>Address (City, State, Zip Code)</u>	<u>Duties</u>
<u>Dates of Employment (required)</u> From: To:	<u>Supervisor</u>
<u>Telephone (required)</u>	<u>Reason for Leaving (required)</u>

REFERENCE CHECK RELEASE FORM

I, _____ give permission to
 _____ (name of facility, company,
 etc.) to contact the persons listed below for the purposes of obtaining reference information.
 These persons are aware that you will contact them and have my permission to discuss information
 regarding my current and/or previous employment.

PROFESSIONAL/WORK REFERENCE

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>

PERSONAL REFERENCES (EX: teachers, mentors, coaches, advisors, volunteer liaisons)

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>

 Name (please print)

 Signature

 Date

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

English / Spanish Poster

SI USTED TIENE DERECHO A TRABAJAR



NO DEJE QUE NADIE SE LO QUITÉ

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la [Sección 1324b del Título 8 del Código de los EE. UU.](#)

Es posible que la [Sección de Derechos de Inmigrantes y Empleados \(IER, por sus siglas en inglés\)](#) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorandum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.

Llame a la IER si un empleador:

No lo contrata o lo despiden a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el [Formulario I-9](#) o utilizar [E-Verify](#) (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/crt-espanol/ier

IER@usdoj.gov



Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019



ACKNOWLEDGMENT STATEMENT

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employer to release information pertaining to my work record, work habits, and my work performance during my employment.

In making application for employment, I understand that an Investigation report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested and I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I also understand that a criminal background investigation will be conducted.

I understand and agree that any employee handbook, which I may receive, will not constitute an employment contract, but will be merely a gratuitous statement of the nursing facility's current policies.

I understand that the nursing facility reserves the right to require its employee to submit to blood tests or urinalysis for alcohol or drug screen or to allow inspection of bags (including purses or briefcases) or parcels brought or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test, or search when requested to do so, may result in termination of employment.

I understand and agree that if I am offered employment by the nursing facility, my employment will be for no definite term. Either the nursing facility or I will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. This relationship can only be modified in writing and signed by an officer of the facility.

Signature of Applicant

Date

Printed Name

E-VERIFY & RIGHT TO WORK

Marshall Manor & Terrace Lake are E- Verify employers. On the preceding pages are the E- Verify and Right To Work flyers. Please acknowledge receipt of these flyers below.

Signature of Applicant

Date

Printed Name

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CIVIL/CRIMINAL HISTORY, CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

As part of its employee selection process, **Marshall Manor Nursing & Rehabilitation Center**, (hereafter referred to as **The Company**). Routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports, and/or credit information on applicants for employment and employees that apply for promotions. The information contained in these reports may be used to deny an individual employment with The Company or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize **The Company**, by and through an independent contractor, Background IQ LLC ("the Agency") to procure a consumer report and/or investigative consumer report on me prior to employment and/or throughout the term of employment.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references; personal interviews; personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/ records; drug screenings including controlled substances testing; and/or any other public record. I also understand that any of these reports may be done on routine or annual basis.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15.U.S.C 1681 et.seq.

I further authorize any person, business entity, or governmental agency who may have information relevant to the above, to disclose the same to The Company, by and through the Agency including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **The Company**, The Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report and/or civil/criminal history hereby authorized.

Printed Name (First): _____ (Middle): _____ (Last): _____

OTHER Names used: _____

Current Address: Street/PO BOX: _____ City: _____

State: _____ Zip Code: _____ How long at this address: _____

Email Address: _____

Social Security Number: _____ - _____ - _____ Driver's License #: _____

Date of Birth: _____ / _____ / _____ Gender: Male / Female Race: _____

Professional/License #: _____ Phone Number: _____

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search. I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion of employment. For applicants under the age of 18, a parent or guardian must sign below to authorize this search.*

SIGNED: _____ DATE: _____

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
ALABAMA ELDER AND ADULT IN NEED OF PROTECTIVE SERVICES ABUSE REGISTRY CLEARANCE**

PRINT OR TYPE in black or blue ink.

Agency/Organization Name: Marshall Manor Nursing Home
 Agency/Organization Email: keddings@terracelakerc.com Phone #: (256) 582-1700
 Agency/Organization Mailing Street Address: 3120 North Street
 City: Guntersville State: AL Zip Code: 35976

Check All That Apply: Direct work with Vulnerable Adults ☐ DHR ☐

Service Provider: (check box below)

Assisted Living Community/Center ☐ Specialty Case Assisted Living Community/Center ☐

Home Health Agency ☐ Hospice Program or Residential ☐ Hospital ☐ Long Term Care Facility ☐

Skilled Nursing Facility ☒ Rehabilitation Facility ☐ Adult Foster Homes ☐ Other ☐

Requestor's Name Last: Eddings First: Kayla Middle: Beth

Requestor Signature _____ Date _____

Witness Signature _____ Date _____

The person whose name and identifying information, printed or typed below, will provide unsupervised care and/or work with vulnerable adults. This person's specific job/role is or will be: _____

FILL OUT

PLEASE PRINT

Name: Last: _____ First: _____ Middle: _____
 Sex: Male ☐ Female ☐ Race: _____ DOB: _____ Last 4 digits of SSN# _____
 Current Mailing Street Address: _____
 City: _____ State: _____ Zip: _____

To be completed by person being cleared

I authorize the Alabama Department of Human Resources (Department) to release information it maintains regarding any Alabama Adult Abuse Neglect and/or Exploitation investigation(s), Department of Mental Health investigation(s), Department of Public Health investigation(s), criminal convictions related to certain convictions and/or Protection from Abuse Orders about me to the above-named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me. I understand information being reviewed may have been generated by agencies other than DHR. I understand the purpose of the review is to assist the Department in preventing Abuse, Neglect and/or Exploitation of vulnerable adults.

X Signature: _____ Date: _____ **X** Signature of Witness: _____ Date: _____

To be completed by DHR

A search of the Alabama Elder and Abuse in Need of Protective Services Abuse Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for Adult Abuse, Neglect and/or Exploitation, has criminal convictions and/or an order for Protection from Abuse. The Department releases only that information which is necessary to discover or prevent Adult Abuse, Neglect and/or Exploitation. The information being provided is accurate as of the date listed and is based on information maintained by DHR and submitted by collaborating agencies.

☐ Information located (i.e., indicated, true, founded). Reported by: AOC ☐ DMH ☐ Pub Health ☐ DHR ☐

Charge(s) ☐:

Protection from Abuse Order ☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect ☐ Exploitation ☐

Other ☐ _____ No information located ☐ Request Denied ☐

Office of Adult Protective Services: _____

Date Completed: _____



REQUEST FOR VERIFICATION OF EMPLOYMENT

Signed authorization from the individual in question is required before employment verification information may be released.

SECTION I (to be completed by employee)

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____

SECTION II (to be completed by employer, which has authorization to verify employment)

Company Name: _____

Employment Hire Date: _____ Employment Term Date: _____

Position held while currently employed: _____

Signature: _____

Printed or typed name: _____

Position: _____ Phone Number: _____

Date verification was completed: _____