



Secora Rehabilitation of Cascadia
(referred to throughout as "Facility")
APPLICATION FOR EMPLOYMENT IN SNF OREGON

Please complete the following application in its entirety. Print in ink or type. Complete this application even if you are attaching a resume. All employment decisions are made pursuant to a policy of providing equal employment opportunities consistent with federal, state or local laws. If you have a disability, which requires an accommodation in the application or interview process, please notify us in advance.

EMPLOYMENT DESIRED

Position desired:

Full Time Part Time Temporary On-Call/Per-Diem

Shift Desired: 1st Shift 2nd Shift 3rd Shift

Acceptable Salary Level: _____ If hired, on what date can you start work: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Personal Email Address: _____

Present Address: _____ City _____ State _____ Zip Code _____

Telephone: (____) _____ Message Phone: (____) _____

Have you had a background check performed in the last three years? Yes No

Are you 18 years of age or older? Yes No

If under the age or 18, can you provide a valid work permit? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, please describe the functions that cannot be performed: _____

Do you have any friends or relatives working at this Facility? Yes No

If yes, list name(s) and department: _____

How did you hear about this position? _____

Do you currently hold a valid professional license or certification? Yes No

If yes, note type(s): C.N.A. Administrator
 R.N. Assisted Living
 L.V.N./L.P.N. Other: _____

State: _____ Number: _____ Expiration Date _____

Are you currently attending school? _____

Yes No

If yes, where? _____

What subject(s) of special study or research work are you, or have you pursued? _____

WORK EXPERIENCE

Please list all employment for the last ten years. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____ Job Title: _____ Address: _____ Supervisor's Name and Title: _____ Work Phone: _____ May we contact? _____ Dates of Employment: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____ Reason for Leaving: _____	Work Performed
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Employer: _____ Job Title: _____ Address: _____ Supervisor's Name and Title: _____ Work Phone: _____ May we contact? _____ Dates of Employment: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____ Reason for Leaving: _____	Work Performed
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
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_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Employer: _____ Job Title: _____ Address: _____ Supervisor's Name and Title: _____ Work Phone: _____ May we contact? _____ Dates of Employment: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____ Reason for Leaving: _____	Work Performed
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

Comments: Include explanation of any gaps in employment. _____

EDUCATION

High School

Name: _____ Graduated: Yes No
 Address: _____ Major: _____ G.P.A. _____

College

Name: _____ Graduated: Yes No
 Address: _____ Major: _____ G.P.A. _____

Other

Name: _____ Graduated: Yes No
 Address: _____ Major: _____ G.P.A. _____

REFERENCES

List the name and telephone number of three business/work references who are not related to you. These references should be in addition to those listed on this application. If not applicable, list three personal references that are not related to you.

Name: _____ Relationship: _____ Years Known: _____ Phone: (____) _____
 Name: _____ Relationship: _____ Years Known: _____ Phone: (____) _____
 Name: _____ Relationship: _____ Years Known: _____ Phone: (____) _____

If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire and a valid social security number for reporting the wages that you earn. Can you, after employment, provide verification of your legal right to work in the United States and a valid social security number? Yes No

Have you ever been convicted of a criminal offense by any court or had a finding made against you in any civil adjudicative proceeding? Yes No

If so, please state the nature of the crime(s) or finding(s), when and where the conviction(s) occurred or the finding(s) were entered and the disposition of the case(s). Add another sheet if necessary. _____

Note: A conviction will not necessarily disqualify you from consideration for employment. The nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for may be considered.

Have you ever been convicted of an offense that would preclude employment in a nursing home? Yes No
 Have you ever been excluded from participation in the federal or any state health care programs? Yes No



Please Read Carefully, Initial Each Paragraph and Sign Below

_____ (initial) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ (initial) I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility within three business days of the date employment begins. I further understand that I must provide a valid social security number for the purpose of reporting the wages I earn to the state and federal governments.

_____ (initial) I hereby authorize the Facility to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Facility any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the Facility, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

_____ (initial) I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Facility and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the Facility or myself. No promises or representations contrary to the foregoing are binding on the Facility unless made in writing and signed by the Facility President.

_____ (initial) I understand that any offer of employment, as applicable, is contingent upon successful passing of a pre-employment and post-offer physical examination, criminal background check, references checks, fingerprinting, suitability for employment processing, and other such pre-employment and post-offer exams as may be necessary or requested.

NOTICE RE CRIMINAL BACKGROUND CHECKS

IN ORDER TO ENSURE THE SAFEST ENVIRONMENT FOR OUR RESIDENTS AND STAFF, THIS FACILITY CONDUCTS CRIMINAL BACKGROUND SCREENING (INCLUDING AN FBI FINGERPRINT-BASED BACKGROUND CHECK) AND A SEARCH OF THE FACIS DATABASE ON ALL APPLICANTS SELECTED FOR EMPLOYMENT. INDIVIDUALS WHO DO NOT SUCCESSFULLY PASS THESE SCREENINGS ARE NOT PERMITTED TO COMMENCE OR CONTINUE EMPLOYMENT.

I have read and fully understand the above statements.

Signature: _____

Date: _____