

Aurora-Brule Nursing Home

408 S. Johnston St.
White Lake, SD 57383

Employment Application

PRINT ONLY-No Handwriting (except for signature)

Note: We are an At-Will Employer

Position Applied for: _____

Desired Pay Range: _____

How many Hours can work a week? _____

Full Time Part Time Other

First Name

M.I.

Last

Have you used any other name? If so, please specify

Date of Birth

Social Security Number

Street Address: _____

Number/Street

City

State

Zip

Mailing Address: _____

Number/Street

City

State

Zip

Driver's License Number: _____

Have you ever had your driver's license suspended or revoked? Yes No

Telephone Number: _____

Alternate Phone Number: _____

Are you over 18 years of age? Yes No

Email Address(required): _____

Check which days you are available to work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you willing to work overtime? Yes No Are you willing to rotate shifts, weekends and holidays? Yes No

Day Shifts:

PM Shifts:

Night Shifts:

Other

6:00 AM TO 2:00 PM

2:00 PM TO 10:00 PM

10:00 PM TO 6:00 AM

Are there any regular days, hours, or shifts you are not available to work? If so, please list: _____

Have you ever been convicted of a crime? Yes (If yes, please explain) No

Can you, after employment, submit verification of legal right to work in U.S.? Yes No

Do you qualify for any tax credit benefit program you would like us to consider as a hiring incentive? Yes No

Currently, there are employment tax benefit programs for people who have low incomes, are veterans, or have various disadvantages. These programs are designed to help them get jobs by enticing employers with tax benefits. If you think you qualify for one of these programs, and have not applied, but are willing to apply check here:

May we contact your present employer? Yes No

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WORK EXPERIENCE- Please list the jobs held in the last 7 years, with the most recent first. Use extra paper, if needed.

Name of Employer: Phone:	Address: 	Dates Worked: From: To:	Supervisor:
Job Title and Type of Work: 		Reason for Leaving: 	
List general duties performed: 			

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DO YOU HAVE ANY OTHER JOB EXPERIENCE THAT WOULD HELP YOU WITH THE JOB YOU ARE APPLYING FOR? IF YES, PLEASE EXPLAIN:

PLEASE LIST THREE REFERENCES (other than relatives or previous employers)		
Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Years Known:	Years Known:	Years Known:

EDUCATIONAL BACKGROUND

High School:	College:	Other Training Programs:
Highest Grade Completed:	Highest Grade Completed:	
Special Classes:	Special Classes:	
	Degrees:	

LIST ALL ABILITIES AND SKILLS YOU HAVE:

PLEASE EXPLAIN WHY YOU THINK YOU WOULD BE GOOD AT THE JOB YOU ARE APPLYING FOR:

Let us know how you heard about this position:

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APPLICATION ACKNOWLEDGEMENTS

Please read carefully, ask questions about anything you don't understand

Yes

No

At-Will Employment

This company maintains an At-Will Employment arrangement with all employees. I understand that if hired, the employment will not be permanent; instead the employment will be At-Will meaning that either party may terminate this agreement at any time, with or without cause, at-will.

Dependent Care

If hired, I understand due to the nature of the business, (taking care of dependent people) I will have dependent people, and my co-workers relying on me to come to work when scheduled and on time. unless I am prevented to so because of illness or emergency. In the event I am not able to come to work, I will immediately find my own replacement and let my supervisor know of the change. I further understand that although this employment relationship is At-Will that I am not allowed to walk off my job, and leave the residents unsupervised at anytime.

Physical and Mental Ability

I understand that due to the nature of the business; (taking care of dependent people) I must always have the physical and mental ability to do the job. If I am disabled, or become disabled, I understand that I can request the company to make reasonable accommodations to assist me, however, the company may refuse if it compromises resident care, or causes an undue hardship on the company.

Criminal Behavior

I understand that in order to work in this type of business I must have satisfactory criminal record. If hired, I understand that a background check will be conducted.

Drug and Alcohol Policy

I understand that prior to my acceptance of employment, and if hired, during my employment, I may be tested for the use of illegal drugs, and if found positive for use, my relationship with this company will be immediately terminated. I further understand that if hired, and I am found under the influence of drugs or alcohol while at work I will be immediately terminated.

Non-Discrimination Policy

I understand this company does not discriminate against applicants because of race, age, color, religion, gender, disability, military status or sexual preference, and that hiring is based on qualifications, personal characteristics, background check and interview.

Information Verification

I hereby give my permission for Aurora Brule Nursing Home to contact the previous employers, schools, and other contacts I have listed hereby release this company, and listed contacts from any liability arising from such communication of information. I understand that any falsification of this information is just cause to refuse hiring, and falsifications discovered later, if hired, will be grounds for immediate termination.

Applicant's Signature:

Date:

THANK YOU FOR YOUR INTEREST IN Aurora Brule Nursing Home

Please return to:
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