

Eastwood Nursing Center



900 MAAS STREET • NEGAUNEE, MI 49866
PHONE (906) 475-7500 • FAX 475-4570

APPLICATION FOR NURSE AIDE TRAINING CLASS

For Office Use Only

Copy _____

Initial _____

Eastwood Nursing Center does not discriminate in training or employment on the basis of race, color, creed, national origin, sex, sexual preference, age, physical or mental handicap, unrelated to the ability to perform the work required. No questions on this application are intended to secure information to be used for such discrimination.

This application will be given every consideration. However, it does not imply that the applicant will be interviewed, trained or employed.

Today's Date: _____

FILL OUT COMPLETELY!

Please print neatly

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: () _____

If selected for training, and subsequently hired, the following information will be used for placement:

Date Available for employment _____

Status: *check all appropriate* [] Full time [] Part-time

Shift Desired: *Check all that are appropriate* [] Day shift [] Evening Shift [] Night Shift [] Any Available

Can you work holidays and weekends? [] Yes [] No

Are there any days or hours you cannot work: [] Yes [] No

If yes, please explain _____

Have you ever worked or attended school under another name? If yes, please indicate: _____

Are you 18 years of age or older? [] Yes [] No

Are you a citizen of the United States? [] Yes [] No

What prompted you to apply to Eastwood? [] News Ad [] Facebook [] Radio [] Indeed
[] Other _____ [] Employee referral (name) _____

Have you ever applied for a job at Eastwood Nursing Center? [] Yes [] No

Have you ever worked for Eastwood Nursing Center? [] Yes [] No If yes, when?

Do you have any relatives or acquaintances who are employed by Eastwood? Please list:

Job History

Fill out completely!

Name of Company: _____ FT OR PT? Hours worked per week

Address: _____ Phone _____

City & State: _____ Zip _____

Position and duties: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Name of Company: _____ FT OR PT? Hours worked per week

Address: _____ Phone _____

City & State: _____ Zip _____

Position and duties: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Name of Company: _____ FT OR PT? Hours worked per week

Address: _____ Phone _____

City & State: _____ Zip _____

Position and duties: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Name of Supervisor: _____

Name of Company: _____ FT OR PT? Hours worked per week

Address: _____ Phone _____

City & State: _____ Zip _____

Position and duties: _____

Dates Employed: From _____ To _____

Reason for Leaving: _____

Name of Supervisor: _____

Give two personal references that you have known for at least one year who are not related to you. Addresses must be complete.

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Give two references that are currently or have been your working supervisor:

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

School Name _____ Certificate/Diploma
High School: _____

Vocation/Business: _____

Professional: _____

Nurse Assistant Training: _____

Professional Licenses and/or Certificates: _____

Organization or State issued from: _____

Number _____ Expiration Date _____

CRIMINAL HISTORY SCREENING CONSENT FORM
BACKGROUND CHECK

Please Print Neatly

Full Name _____

Maiden Name or Other Names Used _____

Driver's License Number _____

Have you lived outside of Michigan at any time in the past 3 years? []Yes []No

Do you have any misdemeanor or felony charges pending against you? []Yes []No

Have you ever pled guilty or been convicted of a misdemeanor or felony? []Yes []No

Explain: _____

As a prospective employee, I understand that the above information is required in order for the facility to request that a criminal background check be conducted by the State Police and/or FBI.

If the facility's representative determines that actions by a court of law against a prospective employee are such that they indicate the applicant is unsuited to work in a nursing home, the applicant will not be considered for employment.

A report will be made by the Nurse Aide Registry or State Licensing Agency, if deemed appropriate.

I understand the importance of protecting the safety and well being of the residents of the facility. I understand that conviction of a crime after employment may be deemed cause for dismissal.

If hired, I agree to inform Eastwood Nursing Center immediately if I am arrested or convicted of a misdemeanor or felony at any time during my employment (per Public Act 303 of 2002- Criminal Background checks).

A copy of the background check may be obtained within 60 days upon written request of the applicant.

Consent Signature of Applicant

Date

READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS APPLICATION

1. I voluntarily give this facility the right to make a thorough investigation of my past employment, including my past training session and inservice attendance, attendance, attendance record, and disciplinary actions. I agree to cooperate in such an investigation and release from all liability or responsibility this facility, and all persons, companies or corporations supplying such information.
2. I consent to take physical examinations as may be required by this facility at such times and places as the facility shall designate.
3. I understand that I will be required to follow the personnel policies and rules of the facility and that infractions of the rules may lead to dismissal.
4. I understand that this facility follows the "Fair Employment Practice code", and there is no discrimination in the hiring of individuals unrelated to ability to perform the work required.
5. I understand that if I am employed, it will be on a probationary or trial basis for a period of 640 hours. Upon my termination I authorize the release of reference information on my work.
6. I understand that unforeseen conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this facility.
7. I understand that this application will remain on file for six months from today's date and if I wish to be considered for training or employment consideration after that time, I need to update this application.
8. If a job offer is made to me, I understand that it is contingent upon taking and passing a physical exam.
9. I understand that my training or employment may be terminated for any misstatement or omission of fact appearing on this application form.

Applicant's Signature

Date

IMPORTANT: Read the attached job description for a Certified Nursing Assistant as these same standards and requirements apply to training. When you have finished reading this job description, sign it AND answer the following question:

Do you meet the requirements for educational background and any qualifying standards (including physical requirements) as listed on the job description? () YES () NO

If NO, please explain _____

REFERENCE REQUEST

I have applied for a position at Eastwood Nursing Center and request that they be fully advised of my record with my former employers. I am requesting that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Applicant name

Signature

Dear (Supervisor or HR) _____ Company name _____

We appreciate your replies to the following questions and returning the card to us. ***ALL information will be held in strictest confidence and will not be disclosed to the employee.***

Position held: _____ From _____ to _____

Why did the applicant leave your company? _____

Please rate the applicant on the following areas: Circle One

Dependability: Poor Fair Average Very Good Excellent

Punctuality: Poor Fair Average Very Good Excellent

Initiative: Poor Fair Average Very Good Excellent

Cooperativeness: Poor Fair Average Very Good Excellent

Attendance: Poor Fair Average Very Good Excellent

Quality of Work: Poor Fair Average Very Good Excellent

Follows instruction: Poor Fair Average Very Good Excellent

Strengths/Weaknesses _____

Is employee eligible for rehire?

Any additional comments

Name _____ Signature _____
Please print

Date _____