

# Eastwood Nursing Center



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

## APPLICATION FOR EMPLOYMENT

For Office Use Only  
Initial \_\_\_\_\_

Copy \_\_\_\_\_

**Eastwood Nursing Center does not discriminate in hiring 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 or employed.**

Today's Date: \_\_\_\_\_

### FILL OUT COMPLETELY!

*Please print neatly*

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( )

Position Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Date Available for employment \_\_\_\_\_

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

Shift Desired: [ ] Day shift [ ] Evening Shift [ ] Night Shift

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 attended school or worked 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

Have you been vaccinated for covid-19 [ ] Yes [ ] No

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

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

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: \_\_\_\_\_

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:

1. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip  
Phone \_\_\_\_\_

2. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip  
Phone \_\_\_\_\_

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

1. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip  
Phone \_\_\_\_\_

2. \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip  
Phone \_\_\_\_\_

School Name

High School: \_\_\_\_\_

Vocation/Business: \_\_\_\_\_

Professional: \_\_\_\_\_

Nurse Assistant Training:  
\_\_\_\_\_

Professional Licenses and/or Certificates: \_\_\_\_\_

Organization or State issued from: \_\_\_\_\_

Number \_\_\_\_\_

Expiration 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 in-service 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 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 and a background check.
9. I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Take the time right now to read the attached job description for the position for which you are applying. When you have finished reading the attached job description, sign it and answer the following questions:

**Do you meet the job requirements for educational background, experience, skills, licenses, and any qualification standard as listed on the job description?**

Yes       No

**Can you perform those tasks that are essential to the job which you are applying for?**

Yes       No

If no, explain \_\_\_\_\_

CRIMINAL HISTORY SCREENING CONSENT FORM  
BACKGROUND CHECK/FINGERPRINTING

*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 fingerprint check be conducted by the 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.

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.*

~I certify that I have not been convicted of a misdemeanor or felony other than which is listed above.

~I am not subject to a relevant finding or order.

~I agree that if the criminal history check does not confirm the above, that employment would be terminated, unless and I can appeal and prove that the history check information is incorrect.

~I acknowledge that providing incorrect information is good cause for termination.

**~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

## 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 \_\_\_\_\_

**\*NOTE\* stop here**

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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***

|                         |      |      |         |           |           |
|-------------------------|------|------|---------|-----------|-----------|
| <b>Dependability:</b>   | Poor | Fair | Average | Very Good | Excellent |
| <b>Punctuality:</b>     | Poor | Fair | Average | Very Good | Excellent |
| <b>Initiative:</b>      | Poor | Fair | Average | Very Good | Excellent |
| <b>Cooperativeness:</b> | Poor | Fair | Average | Very Good | Excellent |
| <b>Attendance:</b>      | Poor | Fair | Average | Very Good | Excellent |
| <b>Quality of Work:</b> | Poor | Fair | Average | Very Good | Excellent |
| <b>Safety Habits:</b>   | Poor | Fair | Average | Very Good | Excellent |
| <b>Honesty</b>          | Poor | Fair | Average | Very Good | Excellent |

Strengths/Weaknesses \_\_\_\_\_

Is employee eligible for rehire? \_\_\_\_\_

Any additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_