

GOLDEN ACRES APPLICATION FOR EMPLOYMENT

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Last Name First Name Middle

Street Address

City, State, Zip

Please list any other names that you may have gone by: (i.e. maiden name, name change, etc)

Have you ever applied for employment with us? _____ If yes Month and year _____

Are you legally eligible for employment in the USA? _____

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes/No, if yes describe in full.

Other special training or skills. _____

Date: _____

Home Phone: _____

Cell Phone: _____

Social Security#: _____

Date of birth _____

When will you be available to begin?

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SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS/ TRADE OR TECH					
HIGH SCHOOL					

EMPLOYMENT

Please give accurate, complete full time and part time employment record.
Start with your present or most recent employer.

1	Company Name _____	Phone _____ () _____
	Address _____	Employed (State Month and Year) From _____ To _____
	Name of Supervisor _____	Weekly pay _____
	Job title and description of your work _____	Reason for leaving _____
	_____	_____

2	Company Name _____	Phone _____ () _____
	Address _____	Employed (State Month and Year) From _____ To _____
	Name of Supervisor _____	Weekly pay _____
	Job title and description of your work _____	Reason for leaving _____
	_____	_____

3	Company Name _____	Phone _____ () _____
	Address _____	Employed (State Month and Year) From _____ To _____
	Name of Supervisor _____	Weekly pay _____
	Job title and description of your work _____	Reason for leaving _____
	_____	_____

4	Company Name _____	Phone _____ () _____
	Address _____	Employed (State Month and Year) From _____ To _____
	Name of Supervisor _____	Weekly pay _____
	Job title and description of your work _____	Reason for leaving _____
	_____	_____

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT THE EMPLOYER LISTED BELOW

Employer Number(s) _____	Reason _____
_____	_____

MILITARY

Did you serve in the U.S. Armed Forces? _____ Yes _____ No	If yes what branch?
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Describe any training received relevant to the position for which you are applying,

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose race, color, religion, age or national origin.)

If applying for a nursing assistant position, have you ever been certified in another state? Yes No Name of State(s) _____

Have you been convicted for mistreatment, neglect, or abuse of residents or misappropriation of their property?

Yes No If yes explain: _____

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "References" I provided, and any other party necessary to verify the accuracy of information I disclose in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons' corporations or organizations who provide information for this purpose.

I acknowledge that a pre-employment drug test is required either by company policy or under DOT regulations and must be passed in order to be considered for employment. In addition Golden Acres may do random drug testing and/or testing if there is reasonable cause to believe use of alcohol or drugs.

This application expires in 30 days. After that date, unless otherwise notified I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer or the employer, had the authority to enter into any agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

(Date)

(Signature)

If the applicant is a minor parent/ guardian must consent to drug/alcohol testing.

(Date)

(Signature of parent / guardian)

APPLICANT REFERENCE CHECK

(This form MUST be completed and returned by all applicants)

INSTRUCTIONS TO APPLICANT: Please complete the upper portion of this form and return along with the completed *Application for Employment* to the attention of the Department Head at the above address.

Name of Applicant: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Social Security #: _____ Date of Birth: _____

*Professional License Number: _____ Expiration Date: _____

*CNA Certification Number: _____ Expiration Date: _____
(Please include a copy of your License and/or Certificate card)

For Office Use Only

AGENCY CONTACTS

ND Board of Nursing
919 S 7th Street ~ Bismarck, ND 58504-5881
Phone: 701-328-9777 Fax: 701-328-9785
www.ndbon.org/verify_renew

Record Results: _____

Person Conducting the Inquiry: _____ Date of Inquiry: _____

Copy of license in file

ND State Department of Health Registry
Division of Health Facilities
ND Department of Health
ND State Capitol, 600 E Blvd. Ave. Dept 301 ~ Bismarck, ND 58505-0200
Phone: 701-328-2353 Fax: 701-328-1890
[www.health.state.nd.us/hf/North Dakota certified nurse aide.htm](http://www.health.state.nd.us/hf/North_Dakota_certified_nurse_aide.htm)

Record Results: _____

Person Conducting Inquiry: _____ Date of Inquiry: _____

Copy of CNA Card in file

Other State Checks

State: _____ Record Results: _____

State: _____ Record Results: _____

Person Conducting Inquiry: _____ Date of Inquiry: _____

Health & Human Services – Office of Inspector General
Fraud Prevention & Detection – Exclusion Program Search
<http://exclusions.oig.hhs.gov/> <http://www.ndcourts.gov/publicsearch/contactsearch.aspx>

Results of Search (See attached documentation) _____

Person Conducting Inquiry: _____ Date of Inquiry: _____