

ROYAL SUITES HEALTH CARE & REHABILITATION CENTER

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name of referral: \_\_\_\_\_

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

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

Phone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Email: \_\_\_\_\_

May we contact you at work? .....  Yes  No

If yes, work number and best time to call ..... ( ) \_\_\_\_\_ : \_\_\_\_\_ am/pm

May we contact your current employer? .....  Yes  No

If under 18, can you furnish a work permit? .....  Yes  No

Have you filed an application before? .....  Yes  No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you legally eligible for employment in this country? .....  Yes  No  
(Proof of US Citizenship or immigration status will be required upon employment)

Date available for work ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired .....  Full Time  Part Time  Temporary  Seasonal  Educational Co-op

Are you on layoff and subject to recall? .....  Yes  No

Are you able to meet the attendance and shift requirements of the job? .....  Yes  No

Will you agree to work overtime? .....  Yes  No

Have you ever been bonded? .....  Yes  No

Have you ever been convicted of a crime? .....  Yes  No  
(Such conviction may be relevant if job-related, but does not bar you from employment)

If YES, please explain: \_\_\_\_\_

Nursing or certified nursing assistant license number \_\_\_\_\_ Expiration date: \_\_\_\_\_

Driver's license number (if required by job) \_\_\_\_\_ State: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below

Employer	Telephone	<u>Dates Employed</u>		Summarize the nature of the work performed and job responsibilities
		From	To	
Address		<u>Hourly Rate/Salary</u>		
		Starting		
Job Title		\$	Per	
Immediate Supervisor and Title		<u>Hourly Rate/Salary</u>		
Reason for Leaving		\$	Final Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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		From	To	
Address		<u>Hourly Rate/Salary</u>		
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Job Title		\$	Per	
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Immediate Supervisor and Title		<u>Hourly Rate/Salary</u>		
Reason for Leaving		\$	Final Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment): \_\_\_\_\_

Skills and qualifications (summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company): \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

A. List the last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma, if any. D. Grade Point Average (GPA) or class rank and E. Major and F. Minor field of study (if applicable).

A. School	B. No. of years completed	C. Degree/ Diploma	D. GPA or Class rank	E. Major	F. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Read only	Speak only

**References**

List name and telephone number of three (3) business/work references that are *not* related to you and are *not* previous supervisors or if not applicable, list three (3) school or personal references who are *not* related to you.

Name	Telephone number	Years known
	( )	
	( )	
	( )	

List professional, trade, business, or civic associations and any offices held (exclude memberships, which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization	Offices held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status). \_\_\_\_\_

\_\_\_\_\_

List additional information you would like us to consider: \_\_\_\_\_

\_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this applicant's separation from the Royal Suites's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, and Royal Suites reserves the right to terminate my employment at any time, with or without prior notice.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release Royal Suites from liability and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## IMPORTANT NOTICE

<b><u>For Facility Use Only</u></b>	
<b>Employment History Verification</b>	
Company:	_____
Verified by:	_____
Date:	_____
Comments:	_____
	_____
	_____
Company:	_____
Verified by:	_____
Date:	_____
Comments:	_____
	_____
	_____
License/certified by ASI (1-800-274-5948)	
Date:	_____
Time:	_____
With whom spoken:	_____

# EMERGENCY CONTACT

EMPLOYEE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

## FIRST CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## SECOND CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**ROYAL SUITES HEALTHCARE & REHABILITATION**  
**Background Check Authorization and Release Form**

I, \_\_\_\_\_ hereby authorize any person or entity, public or private, having any information concerning my background, including but not limited to, credit records, criminal law violations, education records, driving record, state tax records, employment records, professional licenses and disciplinary matters to release such information to Royal Suites Healthcare & Rehabilitation. This information is to be used for possible employment with Royal Suites Healthcare & Rehabilitation.

I understand that with a national check of the Criminal History Records Information Database, I have the following rights:

- to obtain a copy of any background check report; and
- to challenge the accuracy and completeness of any information contained in any such report and obtain prompt determination as to the validity of such challenge before a final determination is made by Royal Suites Healthcare & Rehabilitation.

I understand that if Royal Suites Healthcare & Rehabilitation has a business necessity to request a credit history check, I will be provided a separate notice of my rights under the Federal Credit Reporting Act and a separate release form to sign.

I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with Royal Suites Healthcare & Rehabilitation, and that the system will continue to monitor and screen activity on an ongoing basis, and may be used at any time during my employment.

I have been given a stand-alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. This company may from time to time during my employment order an updated report from HireWatch. The information requested below will be used for identification purposes only.

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue \_\_\_\_\_

All former names used: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All previous residences in the last 7 years:

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

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

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

Signature \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# ROYAL SUITES HEALTHCARE & REHABILITATION

## Important Information You Need To Know

Please read the following consent agreement carefully. If you consent, please sign the acknowledgement below. If you do not consent, your application will not be processed.

Thank you for considering Royal Suites Healthcare & Rehabilitation as a possible next step in your career. Before you proceed with the application, there are some things we want you to know. Royal Suites Healthcare & Rehabilitation is dedicated to excellence. To that end, we seek employees who not only support our mission, but those who will actively contribute their talents and abilities. We seek individuals who will report to work on time as scheduled and look for opportunities to excel and make a difference. It is essential that every one of our employees possess and demonstrate excellent customer service skills. To best determine if a candidate meets our requirements, several interviews may be scheduled to meet with members of our team.

Royal Suites Healthcare & Rehabilitation conducts a background investigation (including references from current/former employers, criminal background check, verification of license, certification and an OIG check), in addition to post-offer drug screening. An offer of employment is conditioned upon substantiation of information shown on the application, satisfactory background check, a negative result drug screen result and verification of and/or medical clearance. A post offer physical/medical exam is required for all candidates who accept a position with us. Failure to successfully complete the required medical assessment will result in a withdrawal of an offer. By signing the acknowledgement at the bottom of this page, you authorize Royal Suites Healthcare & Rehabilitation to investigate all statements made in this application. Any misrepresentation of fact or material omission of fact will be cause for rejection from consideration or, if employed, for immediate termination upon discovery.

Royal Suites Healthcare & Rehabilitation is an Equal Opportunity Employer. Employees are selected on the basis of qualifications without regard to race, color, religion, sex, sexual orientation, age, national origin, ancestry, physical or mental disability, marital status or veteran status.

Employees are subject to a 90-day introductory period. Consistent with New Jersey's Employment-At-Will statute, Royal Suites Healthcare & Rehabilitation can terminate employment at any time. Employees retain that same right. This application does not constitute a contract of employment.

I have read the above information and fully understand it.

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

\_\_\_\_\_  
Date