

Southern Care, LLC dba
SUNSET MANOR
APPLICATION FOR EMPLOYMENT

Facility Use Only		
Background Checks to be performed	Results	
License/Education Verification	[] Yes	[] No
CNA Abuse Registry	[] Clear	[] Present
Sex Offender Registry	[] Clear	[] Present
OIG Data Base	[] Clear	[] Present
Social Security Verification	[] Yes	[] No
Criminal Background	[] Clear	[] Present
Local Law Enforcement	[] Clear	[] N/A

IT IS THE POLICY OF SUNSET MANOR TO PROVIDE EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER REASON PROHIBITED BY LAW.

POSITION APPLIED FOR: _____

NAME: _____ **SS#:** _____
LAST FIRST MID.

ADDRESS: _____

TELEPHONE #'S: _____ / _____ / _____

IF YOU HAVE LIVED AT THE ABOVE ADDRESS LESS THAN 12 MONTHS, LIST PREVIOUS ADDRESS:

FORMER ADDRESS: _____

ARE YOU AT LEAST 18 YEARS OLD? [] YES [] NO

ARE YOU EITHER A U.S. CITIZEN OR LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?
 (PROOF OF CITIZENSHIP OR RIGHT TO WORK STATUS WILL BE REQUIRED AT TIME OF HIRE,) [] YES [] NO

DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION TO GET TO WORK ON TIME EACH DAY
 AND WHEN CALLED IN ON SHORT NOTICE? [] YES [] NO

REVIEW THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO YOU MEET
 THE QUALIFICATIONS AND HAVE THE ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF
 THIS JOB? [] YES [] NO

IF NO, PLEASE EXPLAIN:

HAVE YOU COMMITTED ANY FELONY AND/OR MISDEMEANOR OFFENSE(S) IN THE LAST SEVEN YEARS [] YES [] NO

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY TO ANY CRIMINAL FELONY OR MISDEMEANOR OFFENSE
 OTHER THAN TRAFFIC VIOLATIONS WITHIN THE PAST SEVEN YEARS? [] YES [] NO

HAVE YOU BEEN RELEASED FROM CONFINEMENT FOLLOWING A CONVICTION FOR ANY CRIMINAL
 FELONY OFFENSE WITHIN THE PAST SEVEN YEARS? [] YES [] NO

ARE YOU PRESENTLY CHARGED WITH OR HAVE ANY WARRANTS OUT FOR YOUR ARREST DUE TO ANY
 FELONY OR MISDEMEANOR VIOLATIONS OF LAW OTHER THAN TRAFFIC VIOLATIONS? [] YES [] NO

IF YOUR RESPONSE TO ANY OF THE PRECEDING THREE QUESTIONS WAS "YES", BE PREPARED TO PROVIDE DETAILS FOR EACH SUCH
 CONVICTION OF PENDING CHARGE. (THE EXISTENCE OF A CONVICTION OR PENDING CHARGE WILL NOT NECESSARILY PRECLUDE YOU
 FROM EMPLOYMENT. THE NATURE OF THE CRIME AND ITS RELATIONSHIP TO THE POSITION APPLIED FOR, THE DEGREE OF
 REHABILITATION OF THE APPLICANT AND THE TIME ELAPSED SINCE THE CRIME OR RELEASE FROM CONFINEMENT WILL ALL BE
 CONSIDERED.)

HAVE YOU EVER BEEN PROHIBITED FROM WORKING IN A LONG TERM CARE FACILITY BECAUSE OF FAILURE TO REPORT SUSPICION OF
 A CRIME AGAINST A RESIDENT?

[] YES [] NO

WHY DID YOU CONSIDER SUNSET MANOR AS A PLACE FOR EMPLOYMENT? _____

DATE YOU CAN BEGIN WORK: _____

SHIFTS YOU CAN WORK: 1ST (7AM - 3PM) _____

2ND (3PM-11PM) _____

3RD (11PM-7PM) _____

OTHER: _____

WILL YOU WORK OVERTIME WHENEVER SCHEDULED OR REQUESTED? YES NO

HAVE YOU BEEN EMPLOYED BY THIS NURSING HOME IN THE PAST? YES NO

IF YES, GIVE POSITION AND DATES EMPLOYED: _____

WOULD YOU ACCEPT PART-TIME WORK? YES NO

WOULD YOU ACCEPT TEMPORARY WORK? YES NO

HAVE YOU EVER HAD EXPERIENCE WITH DEATH OR CARE OF THE DYING? YES NO

HOW WOULD YOU RESPOND TO AN ABUSIVE SITUATION? _____

DESCRIBE HOW YOU HANDLE ANGER AND STRESS. _____

ARE YOU AWARE OF OUR EXTENSIVE DRUG TESTING POLICY? YES NO

SPECIAL SKILLS YOU POSSESS: _____

RECORD OF EDUCATION:

TYPE	GRADE COMPLETED	DATES OF ATTENDANCE	NAME OF SCHOOL AND LOCATION	MAJOR SUBJECT
HIGH SCHOOL				
COLLEGE				
NURSING				
OTHER				

AMOUNT OF EDUCATION CONSIDERED NECESSARY WILL VARY ACCORDING TO JOB APPLIED

PROFESSIONAL LICENSES AND CERTIFICATIONS:

TYPE	STATE	ISSUED	DATE	NUMBER

I HEREBY STATE THAT THE INFORMATION GIVEN BY ME IN THE APPLICATION IS TRUE IN ALL RESPECTS. I AGREE THAT IF I AM EMPLOYED AND THE INFORMATION IS FOUND TO BE FALSE IN ANY RESPECT, I WILL BE SUBJECT TO DISMISSAL WITHOUT NOTICE AT ANY TIME.

I HEREBY AUTHORIZE SUNSET MANOR AND MY FORMER EMPLOYERS TO OBTAIN OR RELEASE INFORMATION PERTAINING TO MY WORK RECORD, MY WORK HABITS, AND MY WORK PERFORMANCE WHILE IN THEIR EMPLOY.

I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF THE NURSING HOME'S CURRENT POLICIES.

I UNDERSTAND THAT ALTHOUGH MANAGEMENT MAKES EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCE, THE NURSING HOME NEEDS MAY AT TIMES MAKE THE FOLLOWING CONDITIONS MANDATORY; OVERTIME, SHIFT WORK, A ROTATING WORK SCHEDULE, OR A VARIABLE HOLIDAY/VACATION SCHEDULE. I UNDERSTAND AND ACCEPT THESE AS CONDITIONS OF CONTINUED EMPLOYMENT.

I UNDERSTAND THAT THE NURSING HOME RESERVES THE RIGHT TO REQUIRE ITS EMPLOYEES TO SUBMIT TO BLOOD TESTS OR URINALYSIS FOR ALCOHOL OR DRUG SCREENS, OR TO ALLOW INSPECTION OF BAGS (INCLUDING PURSES OR BRIEFCASES)S FOR PARCELS BROUGHT INTO OR TAKEN OUT OF THE FACILITY. I UNDERSTAND THAT REFUSAL TO SUBMIT TO A URINALYSIS, BLOOD TEST OR SEARCH, WHEN REQUESTED TO DO SO, MAY RESULT IN TERMINATION OF MY EMPLOYMENT.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE NURSING HOME, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE NURSING HOME, WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AND THAT THIS RELATIONSHIP CAN ONLY BE MODIFIED IN WRITING AND SIGNED BY THE ADMINISTRATOR.

I UNDERSTAND AND AGREE THAT IF I ENTER EMPLOYMENT AT THIS FACILITY AND REQUIRE CERTIFICATION, TRAINING, AND/OR TESTING, THAT ALL COSTS OF SUCH ACTIONS OR OUTSTANDING ADVANCES, LOANS, OR OTHER EXPENSES INCURRED CAN/WILL BE DEDUCTED FROM MY LAST PAYROLL CHECK IF I RESIGN MY POSITION WITH OR WITHOUT GIVING TWO WEEKS NOTICE.

IF WE DETERMINE THAT YOUR ATTENDANCE, DEPENDABILITY AND/OR PERFORMANCE ARE SUBSTANDARD OR UNACCEPTABLE WITHIN THE FIRST 90 DAYS OF YOUR EMPLOYMENT YOU MAY BE SUBJECT TO DISCHARGE WITHOUT A VERBAL OR WRITTEN WARNING.

IT IS OUR POLICY THAT NO RETALIATION WILL BE SOUGHT AGAINST ANY EMPLOYEE, RESIDENT, SPONSOR, ETC IF OUR COMPANY IS REPORTED TO ANY CITY, STATE OR FEDERAL AUTHORITY FOR ANY REASON. WE SEEK INFORMATION FROM ANY SOURCE THAT WILL HELP US MAINTAIN AND CONTINUALLY IMPROVE OUR OPERATION IN ALL AREAS. WE CAN EVALUATE AND MAKE NEEDED CORRECTIONS MORE SWIFTLY THE SOONER WE KNOW. WE WILL BE GLAD TO DISCUSS ANY CONCERNS THAT ONE MAY HAVE AND WORK TOWARD A RESOLUTION OR EXPLANATION OF OUR POLICIES AND/OR ACTIONS.

SIGNATURE

DATE

IF MAILING APPLICATION, SEND TO: SUNSET MANOR / 251 SUNSET PLACE / GUIN, AL 35563 205-468-3331

IF FAXING, SEND TO: 205-468-3013 IF EMAILING, SCAN AND SEND TO: ljunkin@southern-care.org

PLEASE ANSWER ALL QUESTIONS, INCOMPLETE APPLICATIONS WILL BE DISCARDED.