

WESSELL GENERATIONS, INC.

d.b.a. WELCOME NURSING HOME

Welcome Nursing Home does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, religion, gender, genetic information, creed, color, national origin, marital status, veterans status or on the basis of disability, age or legal protected foundation in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Welcome Nursing Home directly or through a contractor or any other entity with whom Welcome Nursing Home arranges to carry out its programs and activities.

“People Helping People Since 1945”

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_____	_____	_____	_____
Last Name	First Name	Middle	Date

Street Address			
_____	_____	_____	_____
City	State	Zip	Home Phone
_____		_____	
Social Security #	Position Desired		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Have you ever applied for employment here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When are you available to begin work? _____			

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	Name & Location of School	Course of Study	# Years Comp.	Did You Graduate	Degree or Diploma
College					
High School					
Elementary					

Memberships and Professional or Organizations

EMPLOYMENT HISTORY

Company Name _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____ Phone _____

Name of Supervisor _____ Weekly Pay _____ Reason for leaving _____

Job Title & Duties _____

Company Name _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____ Phone _____

Name of Supervisor _____ Weekly Pay _____ Reason for leaving _____

Job Title & Duties _____

Company Name _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____ Phone _____

Name of Supervisor _____ Weekly Pay _____ Reason for leaving _____

Job Title & Duties _____

Company Name _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____ Phone _____

Name of Supervisor _____ Weekly Pay _____ Reason for leaving _____

Job Title & Duties _____

PROFESSIONAL REFERENCES

1. _____
Name & Occupation _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. _____
Name & Occupation _____ Phone _____

Address _____ City _____ State _____ Zip _____

3. _____
Name & Occupation _____ Phone _____

Address _____ City _____ State _____ Zip _____

WESSELL GENERATIONS, INC.

What is the best time to call you at home? _____

May we contact you at work? _____

If yes, provide work number and best time to call _____

Are you able to meet the attendance requirements of the position? _____

The information in this application for employment is correct and complete. I understand that if employed, any misstatement or omission from on this application may result in my dismissal.

I understand that this application is not intended to be a contract of employment.

Signature

Date

AUTHORIZATION FOR BACKGROUND CHECK

I hereby give my consent to Welcome Nursing Home and its employees to conduct a background check. I understand that the background check must include a background check conducted by the Bureau of Criminal Identification and Investigation and may include, but will not be limited to conducting an FBI background check, contacting my references and communicating with my prior employers.

Furthermore, I authorize all prior employers to release and disclose to Welcome Nursing Home and its employees, any and all information concerning me and/or my work performance.

Applicant's Signature

Date

Print Name of Applicant

Social Security #

WELCOME NURSING HOME EMPLOYMENT AUTHORIZATION AND CONSENT FORM FOR EMPLOYEE CRIMINAL RECORDS CHECK

TO BE SIGNED BY PERSON TURNING IN APPLICATION FOR EMPLOYMENT

I HEREBY CERTIFY THAT

- A. I have reviewed the “listed offenses” on the bottom of this form and I have not pleaded guilty or no contest to or been convicted of any of the listed offenses, (or any other offenses that are similar to the listed offenses), in any state or federal court of law;
- B. I understand that the facility is required to conduct a criminal records check through the Bureau of Criminal Identification and Investigation, (BCI&I), and possibly the Federal Bureau of Investigation, before it can extend me an offer for regular employment because the position I am applying for involves providing direct care to an older adult;
- C. I understand that if I plead guilty or no contest to or am convicted of any of the listed crimes in the future, I am required to immediately notify my supervisor and my employment with the facility may be terminated;
- D. I was informed that I must provide a set of fingerprint impressions and any other necessary information required by BCI&I or the F.B.I. to the facility so that it can obtain a criminal records check from the facility;
- E. I was informed that if I am conditionally hired by the facility, and the facility does not receive the result of the criminal records check within thirty days, the facility is required by law to terminate the employment relationship.

Applicant's Signature

Date

Witness

Date

<i>Aggravated murder</i>	<i>Felonious sexual penetration</i>	<i>Domestic violence</i>
<i>Murder</i>	<i>Prostitution</i>	<i>Illegal conveyance of weapons or other prohibited items onto the grounds of a detention or mental retardation facility</i>
<i>Involuntary manslaughter</i>	<i>Disseminating matter harmful to juveniles</i>	<i>Carrying concealed weapons</i>
<i>Felonious assault</i>	<i>Pandering sexually oriented matter involving a minor</i>	<i>Having weapons while under disability</i>
<i>Aggravated assault</i>	<i>Illegal use of a minor in a nudity-oriented material or performance</i>	<i>Improperly discharging a firearm at or into a school or house</i>
<i>Failing to provide for a functionally impaired person</i>	<i>Pandering obscenity</i>	<i>Corrupting another with drugs</i>
<i>Aggravated menacing</i>	<i>Pandering obscenity involving a minor</i>	<i>Aggravated trafficking</i>
<i>Abuse or neglect of a patient</i>	<i>Aggravated burglary</i>	<i>Trafficking in drugs</i>
<i>Kidnapping</i>	<i>Burglary</i>	<i>Trafficking in marijuana</i>
<i>Medicaid fraud</i>	<i>Breaking and entering</i>	<i>Drug abuse</i>
<i>Abduction</i>	<i>Theft</i>	<i>Permitting drug abuse</i>
<i>Extortion</i>	<i>Unauthorized use of vehicle</i>	<i>Deception to obtain dangerous drugs</i>
<i>Coercion</i>	<i>Unauthorized use of property</i>	<i>Illegal processing of drug documents, and placing harmful objects in or adulterating food or confection</i>
<i>Rape</i>	<i>Passing bad checks</i>	<i>Aggravated robbery</i>
<i>Sexual battery</i>	<i>Misuse of credit cards</i>	<i>Robbery</i>
<i>Gross sexual imposition</i>	<i>Forgery</i>	<i>Voluntary manslaughter</i>
<i>Sexual imposition</i>	<i>Securing writings by deception</i>	
<i>Importuning</i>	<i>Insurance fraud</i>	
<i>Voyeurism</i>	<i>Receiving stolen property</i>	
<i>Public indecency</i>		