

09. Are you willing to take a physical examination and/or drug test at our expense upon a conditional offer of employment? Yes () No ()

10. PLEASE ANSWER THIS QUESTION ONLY IF YOU ARE BOTH APPLYING FOR A SPECIFIC JOB AND HAVE RECEIVED THE JOB DESCRIPTION FOR THAT JOB:
Can you perform the essential functions involved in the job or occupation for which you Applied either with or without reasonable accommodations? Yes () No ()

11. Have you at any time been accused of patient abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) Yes () No ()

If yes, provide in detail the date, place, and an account of the circumstances surrounding each allegation. _____

A yes response to either of the next two questions will not necessarily disqualify you from consideration for employment with **NLC**. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors, including the relevancy of the conviction or bond refusal to the position for which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

12. Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (Other than a parking violation)? Yes () No ()

If yes, please state: (a) nature of the offense(s) for which you were convicted or pleaded guilty; (b) date(s) of the conviction(s) or the Entering of the plea(s); (c) judgment(s) imposed; (d) name and location of the court(s) imposing the judgment(s).

(If you need more space to give a complete answer, please use additional sheets of paper and attach them to your application form)

13. Has any surety company ever refused to issue or continue any bond on your behalf? Yes () No ()

If yes, please provide in detail the date, the reasons for and the circumstances surrounding the Surety Company's refusal.

(If you need more space to give a complete answer, please use additional sheets of paper and attach them to your application form)

EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE UNIVERSITY	GRADUATE PROFESSIONAL
SCHOOL NAME	°	°	°	°
YEARS COMPLETED (CIRCLE)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE	°	°	°	°
DESCRIBE COURSE OF STUDY	°	°	°	°
HONORS RECEIVED	°	°	°	°
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES	°	°	°	°

EMPLOYMENT HISTORY:

List all previous employers for whom you have worked, listing the last employer first. Include Volunteer activities and military service. Please explain any lapses between times when employed. (Please provide the same information about any other employments that you have had on additional sheets of paper and attach them to your application form.)

1. Employer:		
Address:		
Telephone:	From:	To:
Starting pay rate:	Positions Held, Primary Job Duties in Each, and Effective Dates:	
Ending pay rate:		
Immediate Supervisor at Time of Termination:		
Reason for Leaving:		
2. Employer:		
Address:		
Telephone:	From:	To:
Starting pay rate:	Positions Held, Primary Job Duties in Each, and Effective Dates:	
Ending pay rate:		
Immediate Supervisor at Time of Termination:		
Reason for Leaving:		
3. Employer:		
Address:		
Telephone:	From:	To:
Starting pay rate:	Positions Held, Primary Job Duties in Each, and Effective Dates:	
Ending pay rate:		
Immediate Supervisor at Time of Termination:		
Reason for Leaving:		
4. Employer:		
Address:		
Telephone:	From:	To:
Starting pay rate:	Positions Held, Primary Job Duties in Each, and Effective Dates:	
Ending pay rate:		
Immediate Supervisor at Time of Termination:		
Reason for Leaving:		

REFERENCES: (Provide three references that are not related to you and are not previous employers. Identify: Friend, Co-Worker, Pastor, etc.)

Name	Address & Phone #	Relationship To Applicant
<p>°</p> <p>°</p>	<p>°</p> <p>°</p>	<p>°</p> <p>°</p>
<p>°</p> <p>°</p>	<p>°</p> <p>°</p>	<p>°</p> <p>°</p>
<p>°</p> <p>°</p>	<p>°</p> <p>°</p>	<p>°</p> <p>°</p>

ADDITIONAL INFORMATION: State any additional information you feel may be helpful to us considering your employment.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or **Nazareth Living Center ("NLC")**. In the event that I am employed, I understand that regardless of the shift and job that I am first employed, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of **NLC**. I understand that I must meet the health standards established by **NLC** as a condition of initial and continued employment, which may be determined by a physical examination, which may include drug and alcohol screening. I understand also, that if employed, I am required to abide by all rules and regulations of **NLC**. I understand that no supervisor, officer, agent, or representative of **NLC**, other than its Administrator, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of sixty (60) days. If I wish to be considered after sixty (60) days, I recognize that I must complete a new application for employment.

I grant permission to **NLC** to investigate my personal, educational, and work histories thoroughly. In addition, I authorize **NLC** to confirm all information that I have given in connection with my application for employment and to obtain information and/or a report from any state agency or any other entity that may include both general and personal information about me. I, furthermore, release **NLC** and its agents from liability for any acts or omissions occurring during either such investigation or confirmation or both. I further release any one or more individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to **NLC**'s inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that **NLC** may deny my application for employment or if it has already employed me, that **NLC** may terminate my employment because of information obtained during **NLC**'s investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with **NLC** regardless of when, how, or why my employment ends, and regardless of whether **NLC** or I terminate my employment, I authorize **NLC** to release information about my employment history with **NLC** and release **NLC** and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

Certification and Authorization:

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize **NLC**'s right to either revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information.

Name

Date

