



Please select the location you are applying to:

- LakePoint Augusta
 LakePoint Crestview
 LakePoint El Dorado
 Carriage House Greensburg
 LakePoint Rose Hill
 LakePoint Wichita

Employment Application

All LakePoint and Carriage House locations, in accordance with State and Federal laws, do not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record. LakePoint and Carriage House are also required by law, by virtue of it's contracts with the Federal Government, to make affirmative action to employ women, minorities otherwise qualified handicapped individuals, Vietnam era and disabled veterans.

Personal Information:

Today's Date _____

Name _____

Address _____ Phone _____

City/State/Zip _____ Alt Phone _____

Other Names Used _____ Birthdate _____

Referred by _____

Education:

Circle the last year of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

High School _____ Vo-Tech _____

College _____ Other _____

Previous Employment:

List all of the jobs that you have had over the last 5 years, starting with the most recent:

COMPANY	FROM/TO	SUPERVISOR	RATE OF PAY	POSITION	REASON FOR LEAVING

Emergency Contact

Name	Relationship	Phone

Personal References:

List 3 professional and/or character references, including telephone numbers and addresses.

Do not list family members.

NAME	ADDRESS	CITY, STATE	ZIP	TELEPHONE #

Employment Questionnaire

Instructions: Please read everything, circle Yes or No to the questions and sign your name below.

- | | | |
|---|-----|----|
| 1. Do you understand and agree that coming to work is important ? | Yes | No |
| 2. Do you understand that not attending work , as scheduled, is reason enough to be dismissed from work? | Yes | No |
| 3. Have you ever worked for LakePoint Nursing Center? If Yes, When _____ | Yes | No |
| 4. Do you have previous names ? If so, what are they? _____ | Yes | No |
| 5. Have you ever been convicted of a crime ? | Yes | No |
| 6. Have you ever been on probation or parole ? | Yes | No |
| 7. Are you currently on parole or probation ? | Yes | No |
- NOTE: Criminal convictions will not necessarily disqualify you, but will be considered in relation to specific job requirements.
- | | | |
|---|-----|----|
| 8. Have you ever filed a claim for any job related injury? If yes, please explain:
_____ | Yes | No |
| 9. Have you ever suffered from any disability that would prevent you from performing the essential aspects of the job in a safe or efficient manner? | Yes | No |
| 10. Are you legally entitled to work in the United States ? | Yes | No |
11. Employment at this company is contingent on successful completion of a job related **physical examination**, which is required by the State of Kansas regulations.
12. Federal law requires **proof of citizenship** and/or work status. You must produce a **birth certificate, social security card, driver's license, passport or work cards**.
13. I certify that the **information** contained in this application is **correct** to the best of my knowledge and understand that the falsification of any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with the company policy.
14. **I agree to conform to the policies** and procedures of this company and understand that my employment and compensation can be terminated with or without cause and/or without notice at any time at the option of the company or myself.
15. I acknowledge that consideration for **employment is contingent on the results of reference and background checks**.
16. Therefore, I hereby **authorize** the LakePoint Nursing Center to:
- a. **Investigate** the truthfulness of all **statements** made on this application.
 - b. **Contact my former employer** and other listed references or any other persons who can verify information.
 - c. **Discuss the results** of any investigation with **other employees** of the company involved in the **hiring process**.
17. I give my **consent** for **all contacted persons**, including former employers to **provide information** concerning this application and I release each such person from liability for providing information to LakePoint Nursing Center.

SIGNATURE OF APPLICANT

DATE

Department Information

Instructions: Please answer the questions for the department that you are applying for.

Nursing Department

Type of Licenses/Certificate

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Nurses Aid (CNA)
- Certified Medical Aid (CMA)
- Restorative Aid (RA)
- Activities Designee (AD)
- Social Services Designee (SSD)

Full Time--Shift Preference - Nursing

Contact the facility you are applying at for specific shift information

(1) _____

(2) _____

(3) _____

Part Time (List days & times available)

License / Certificate Information

State _____ Date _____ License No. _____

Dietary Department

Have you completed a certified Dietary Manager Program? YES NO

Are you of legal age to work in Kansas? (Legal age is 16) YES NO

Shift Preference (1) _____ (2) _____ (3) _____

Maintenance or Housekeeping Department (1st shift position)

List any special training or License/Certificate held that applies to these departments.

Administration

Are you an LNH? YES NO Are you a Certified MRD? YES NO

If Yes, License# _____ State _____ Exp. Date _____

List any special training or License/Certificate held that applies to the office or administrative duties

**LakePoint Nursing and Rehabilitation Center
Reference Request**

Applicants please complete the information in the bold box and sign.

Name of Reference: _____ Phone: _____
Is Reference Employer or Personal (circle one) Position Held by reference: _____ (if applicable)
Name of Business _____ How long have you known
(if applicable) reference _____
Relationship: ___Supervisor ___Co-Worker ___Subordinate

I hereby give my consent for all contacted persons to provide to LakePoint Nursing and Rehabilitation Center information concerning my application and I release each such person from liability for providing information.

(Applicant Signature)

For Office Use Only

Date: _____ Completed by: _____
If Not Applicable, use N/A
Work Ethic: _____

Clinical Skills: _____

Communication Skills: _____

Organizational Skills: _____

Customer Focus: _____

Leadership Skills: _____

Strengths: _____

Areas to Improve: _____
Rehire Status: ___Eligible ___Not Eligible

Thank you for applying at LakePoint!
