

**MITCHELL-HOLLINGSWORTH NURSING
AND REHABILITATION CENTER, LLC**

805 Flagg Circle
FLORENCE, AL 35630

MHNRC, LLC is an abbreviation for Mitchell-Hollingsworth Nursing and Rehabilitation Center, LLC and will be used here to fore.

EMPLOYMENT APPLICATION

USE INK – PLEASE PRINT

Revised: October 2015

ALL APPLICATIONS HELD ON FILE 90 DAYS

All applications will be considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____
No. Street City State Zip

TELEPHONE _____ POSITION APPLYING FOR _____

() FULL TIME () PART TIME RATE OF PAY EXPECTED _____

Please mark appropriate answer:

Are you legally eligible for employment in the United States? () Yes () No

Have you ever been convicted of a misdemeanor, felony, or been found guilty of any crime that constitutes abuse, neglect, mistreatment, or misappropriation of resident property of any health care facility resident or any individual living anywhere? () Yes () No

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? () Yes () No

Are you above the minimum working age of 18? () Yes () No

What shift(s) can your work? _____ When would you be available? _____

Have you ever worked for this facility or any other PHS facility before? () Yes () No

EDUCATION

Name and Location of School	Course of Study	Years Completed	Did you graduate?

EMPLOYMENT HISTORY (start with most recent employer)

Employer _____ Address _____

Telephone No. _____ Dates of Employment _____

Reason for Leaving _____ Salary _____

Did you work out a notice? () Yes () No Position Held _____

Employer _____ Address _____

Telephone No. _____ Dates of Employment _____

Reason for Leaving _____ Salary _____

Did you work out a notice? () Yes () No Position Held _____

Employer _____ Address _____

Telephone No. _____ Dates of Employment _____

Reason for Leaving _____ Salary _____

Did you work out a notice? () Yes () No Position Held _____

PERSONAL REFERENCES (Not related to you)

Name	Address	Phone

“PLEASE READ THE FOLLOWING CAREFULLY AND COMPLETELY”

The above information is true and complete to the best of my knowledge. Should I be employed by Mitchell-Hollingsworth Nursing and Rehabilitation Center, LLC (MHNRC, LLC), any misrepresentations or false statement contained herein may be considered cause for possible dismissal. MHNRC, LLC has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to MHNRC, LLC.

I understand this application does not constitute an employment contract of any kind. Should I be employed by MHNRC, LLC, I may resign such employment at any time at my discretion with or without notice, and MHNRC, LLC may terminate my employment at any time at their discretion, with or without prior notice and is an employment at will employer.

I understand that my employment is for no definite period of time, and if terminated, the Employer is liable only for wages and benefits earned as of the date of termination.

MHNRC, LLC is a drug free work place. All new employees will be drug screened at the time of hire and periodically thereafter to assure compliance. MHNRC, LLC performs criminal background checks on all applicants prior to employment. If employed by MHNRC, LLC or any of its facilities, I agree to abide by all company policies and procedures and Employee Rules of Conduct. I understand failure to do so may result in immediate and justifiable termination. I also understand that failure to meet the requirements of my job description is grounds for termination.

I also agree to have my photograph taken for identification purposes if hired.

_____ Date _____ Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Acceptable for employment () Yes () No Position _____

Starting Rate of Pay _____ per hour General Orientation _____

Interviewed by _____ Date _____

Other _____
