

# APPLICATION FOR EMPLOYMENT

Prime Management, LLC  
314 West Columbus Street  
P.O. Box 205  
Dadeville, AL 36853

Dadeville Healthcare Center, LLC  
351 North East Street  
P.O. Box 97  
Dadeville, AL 36853

Goodwater Healthcare Center, LLC  
100 Swindall Place  
Goodwater, AL 35072

LaFayette Extended Care, LLC  
805 Hospital Street  
P.O. Box 152  
LaFayette, AL 36862

It is the policy of this facility to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other reason prohibited.

This application is to be active  
for a period of \_\_\_\_\_ days only.

POSITION APPLIED FOR: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
(Last) (First) (Middle Initial)

CURRENT ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
(Street) (City) (State)

Have you ever been employed by any of the above facilities?	YES _____ NO _____
If yes, give the name of the facility and the position you worked in, and the dates employed:	
Have you ever worked in any hospital or nursing home?	YES _____ NO _____
If yes, please list:	
Do you have any relative (spouse, child, parent, brother or sister) presently employed at the facility to which you are applying?	YES _____ NO _____
If yes, please list name and relationship	

### JOB SPECIFICS:

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 \_\_\_\_\_

Are you free from communicable disease? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain:

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Do you have adequate means of transportation to get to work on time each day and when called in on short notice? YES \_\_\_\_\_ NO \_\_\_\_\_

Read 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:

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Write at least 3 sentences explaining why you want to work in a nursing home:

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Date you can begin work \_\_\_\_\_ Shifts you can work: 1st (7 am - 3 pm) \_\_\_\_\_  
 2nd (3 pm-11 pm) \_\_\_\_\_  
 3rd (11 pm-7 am) \_\_\_\_\_

Will you work overtime whenever scheduled or requested? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you accept part-time work? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you accept temporary work? YES \_\_\_\_\_ NO \_\_\_\_\_

List special skills you possess:  
 \_\_\_\_\_

Do you have a valid drivers license? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, from what state? \_\_\_\_\_

If no, have you ever had a valid drivers license? YES \_\_\_\_\_ NO \_\_\_\_\_

**GENERAL HISTORY:**

**Record of Education**

Education	Did You Finish? (If Not, Indicate Grade Completed)	When	Name Of School And Location	Major Subjects
High School				
College				
School of Nursing				
Special Schooling or Training				

(Amount of education considered necessary will vary according to job applied for.)

**Professional Licenses and Certifications:**

TYPE	STATE	ISSUED	DATE	NUMBER

**Military Service Record:**

The hiring and re-employment of veterans will be conducted in accordance with applicable state and federal law and regulations.

Are you now a member of a Reserve or National Guard unit? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you in the US Armed Forces: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

List duties in the military or special training that prepared you for the position you are seeking:

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**EMPLOYMENT HISTORY:**

Check here if you have never been employed:

Check here if you have not been employed in the last 5 years.

List all previous employers for whom you have worked during the last five years. Explain below any lapses between times when employed

NAME, ADDRESS AND PHONE OF EMPLOYERS (START WITH THE MOST RECENT)	Month & Year	Salary	Position & Location	Supervisor	Reason for Leaving
1. _____ _____ _____ Phone: _____	From   To				
2. _____ _____ _____ Phone: _____	From   To				
3. _____ _____ _____ Phone: _____	From   To				
4. _____ _____ _____ Phone: _____	From   To				
5. _____ _____ _____ Phone: _____	From   To				

Comments regarding lapses, if applicable \_\_\_\_\_

Have you ever been discharged from a job or forced or asked to resign? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or pled guilty to any criminal felony offense other than traffic violations within the past seven years? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been released from confinement following conviction for any criminal felony offense within the past seven years? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you presently charged with any felony violations of law other than traffic violations? YES \_\_\_\_\_ NO \_\_\_\_\_

If your response to any of the preceding three questions was "YES", give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily keep 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

READ AND SIGN BELOW:

I hereby state that the information given by me in this application and in any verbal interview 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 my former employers to 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 current policies.

I understand that my employment is contingent upon passing a physical examination.

I understand that the company to which I am applying 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) or 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. I understand and agree that if I am offered employment, my employment will be for no definite term and that either I, or the company which employs me 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 with approval by Corporate officers.

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(Signature)

Date: \_\_\_\_\_

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