



215 South Maple
 Watertown, SD 57201-4316
 (605) 886-5777
 Fax: (605) 886-0790

APPLICATION FOR EMPLOYMENT

Jenkins Living Center, Inc. maintains a policy of non-discrimination for all employees and applicants in every area of our operation. In compliance with federal and state laws, Jenkins Living Center hires, trains and promotes qualified applicants and employees without unlawful discrimination on the basis of race, ethnicity, color, gender, age, religion, creed, marital status, national origin, veteran's status, disability or other protected status.

Position Applying for: _____ **Today's Date:** _____

(Please Print) **Referred by:** _____ (Name or Agency)

Name			Home Phone # _____
First Name _____	Last Name _____	Middle Name _____	Cell Phone # _____
Address			Other Contact # _____
Street _____	City _____	State _____ Zip _____	Email Address _____
Other Last Names used or known as: _____			

PLEASE NOTE: Answer each question fully & accurately. No action can be taken on this application until all questions are answered. In reading & answering the following questions, be aware that none of the questions are intended to imply illegal preferences. In order for this application to be reviewed the Candidate Release Authorization and Candidate Notice and Disclosure must be completed & returned with this application.

Have you ever filed an application with us before? Yes No If yes, give Date _____

Have you ever been employed with us before? Yes No If yes, give Date _____

Are you currently employed? Yes No

Are you looking for **short term** employment? Yes No **If Yes, how long can you work?** _____

Are you at least 18 years of age? Yes No Are you at least 16 years of age? Yes No
(required by State of SD for Direct Care Positions)

Are you legally eligible for employment in the United States? Yes No
(Proof of legal ability to work in the United States will be required on first day of employment if hired)

Are you available to work: (check all that apply) Full-Time Part-Time On-Call

Are you available to work: (check all that apply)
 Days Afternoons Nights Split Shifts Weekends Any hours or shift
(Your preference will be given careful consideration, however you may be asked to work other shift(s) based on Jenkins Living Center's commitment to caring for the needs of its residents)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Hours	From (am or pm)						
Available	To (am or pm)						

On what date would you be available for work? **Date Available:** _____

EDUCATION

		NAME OF SCHOOL/ LOCATION	MAJOR SUBJECTS OR DEGREE EARNED
	DID YOU GRADUATE? (IF NOT, INDICATE GRADE COMPLETED)		
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College / Technical School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
School of Nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Schooling or Training			

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

EMPLOYMENT HISTORY

List the previous employers for whom you have worked beginning with the most recent. Explain any lapses in employment.

Most Recent Employer

If presently employed here, is it ok to contact this employer? Yes No

Company _____ Address _____ City _____ State _____

Phone (____) _____ Position/Title _____

Supervisor Name _____ Duties _____

Dates worked: From _____ To _____ Starting Wage _____ Final Wage _____

Reason for Leaving _____

Company _____ Address _____ City _____ State _____

Phone (____) _____ Position/Title _____

Supervisor Name _____ Duties _____

Dates worked: From _____ To _____ Starting Wage _____ Final Wage _____

Reason for Leaving _____

Company _____	Address _____	City _____	State _____
Phone (____) _____	Position/Title _____		
Supervisor Name _____	Duties _____		
Dates worked: From _____ To _____		Starting Wage _____	Final Wage _____
Reason for Leaving _____			

Company _____	Address _____	City _____	State _____
Phone (____) _____	Position/Title _____		
Supervisor Name _____	Duties _____		
Dates worked: From _____ To _____		Starting Wage _____	Final Wage _____
Reason for Leaving _____			

Attach additional pages if needed.

Explain **employment lapses**, if applicable _____

Special skills you possess: _____

Office machines and/or Nursing Home equipment you can operate _____

Explain Short or Long-range **occupational/career goals**: _____

Explain Short or Long-range **educational goals**: _____

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE	DATE ISSUED	NUMBER

CRIMINAL RECORD

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If yes, state where, when and nature of offense: _____

(A conviction will not necessarily disqualify you from employment. The State of SD has certain requirements for the employment)

MILITARY SERVICE RECORD

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

Branch of Service _____ From: _____ To: _____

Rank/Type of Service: _____ List duties in the military or special training that prepare you for the position you are seeking: _____

PERSONAL/WORK RELATED REFERENCES:

(Required for consideration) **DO NOT** include relatives or significant others

Name	Relationship/How Known	Years Known	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Applicant's Certification and Agreement

I certify that all information I have supplied in this application and in any other form, oral or written, is true, complete, and accurate. I understand that any misrepresentation, omissions of facts, or incomplete answers in any application document, or any other form, oral or written, will disqualify me from further consideration of employment. I further understand that, if employed, any omissions or misrepresentations of facts in any applicant form, oral or written; will be cause for my dismissal at any time, without prior notice.

I understand, if employed, my employment with Jenkins Living Center, Inc. is not for a specific term and may be terminated by me or Jenkins Living Center, Inc. with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice, or other procedure (including the Employee Handbook) or any other personnel manual, constitutes an employment contract or modification of the at-will employment relationship between me and Jenkins Living Center, Inc.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take and pass job-related tests, take a drivers examination, submit to a background investigation, take a pre-employment drug test or become certified in my position. If I am offered employment to start work before any required test is complete, my employment is contingent on a satisfactory result on all required tests.

I understand that Jenkins Living Center, Inc. maintains a drug-free workplace and agree that maintenance of same is essential to the safety of the workplace and employees. I promise to abide by Jenkins Living Center, Inc.'s policies prohibiting the use or possession of drugs, alcohol, or any controlled substance, or the misuse of prescribed or over-the-counter medicine on company premises or while on duty. I also understand that I may be tested for drugs, alcohol or controlled substances if I am employed by Jenkins Living Center, Inc.

I understand that Jenkins Living Center, Inc. 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 employee lockers, 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 of my employment.

I understand that I must meet the employability requirement of the U.S. Citizenship & Immigration Service and submit appropriate documents to satisfy the requirements for completing DHS Form 1-9.

I understand that this application will be considered active for ninety (90) days from this date. If I have not heard from Jenkins Living Center, Inc. at the conclusion of the ninety (90) day period, it is my responsibility to complete a new application if I wish to be considered for employment.

I have read and understand everything on this application. I further understand that my signature is required in order for this application to be considered.

Signature

Date

Authorization for Reference and Background Requests

I authorize Jenkins Living Center to contact my prior employers, and other sources of information regarding my

background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify Jenkins Living Center, Inc., each of my prior employers, and each of the other sources of information contacted and agree to hold harmless from any claims arising from this authorization and direction.

Signature

Date

EEO Policy

Jenkins Living Center maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operation. In compliance with federal and state laws, Jenkins Living Center hires, trains and promotes qualified applicants and employees without unlawful discrimination on the basis of race, ethnicity, color, gender, age, religion, creed, marital status, national origin, veteran's status, disability or other protected status.