



“FREEDOM TO TRY”

Liberty Place, Inc.

Application for Employment

Thank you for applying for a position with Liberty Place, Inc. Liberty Place provides its residents professional care with a personal touch. This is due largely to our employees. We are proud of our facility and the team spirit and quality of care we provide.

We want you to know in advance what our expectations are. Please review and sign the attached Job Description and return with your application.

In addition, please submit the following items with your application.

- Signed background check release (attached).
- Copy of professional license (RN, LPN, PT, etc.).
- Copy of current certification (CPR, First Aide, MANDT, CNA).
- Resume (if you wish to attach one).

Your application will be reviewed for appropriate positions and we will call you for an interview if we feel that you would be a good candidate for the position. If no positions are currently available your application will be retained for a period of six months.

Thank you for your interest in Liberty Place, Inc. If you have further questions, please contact us at 287-9887.

Application for Employment

Date

Name (Last, First, MI)

Social Security Number

Current Address (Street, City, State, ZIP)

Telephone Number

Telephone Number

Are you a former employee of Liberty Place Inc?

Yes

No

If Yes, Position(s) Held:

Supervisor(s)

Dates

Position Preferences:

What position are you applying for?

First Choice _____

Second Choice _____

What times are you willing to work (Please check all that apply)

Full-time _____

Days _____

Part-time _____

Evenings _____

Casual Call _____

Nights _____

Temporary _____

When will you be able to start? _____

General Information:

Are you eligible for employment in the US?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If yes, please explain: _____

Liberty Place must review each applicant in accordance with Federal rules and regulations. Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.

Employment History:

Current or Last Employer

Date Started _____ Date Left _____

Company Name

Address (Street, City, State, ZIP)

Supervisor's Name/Title

Telephone Number

Description of Work and Responsibilities

Reason for Leaving

May we contact

Your Name at Time of Employment

Last Rate of Pay

Previous Employer

Date Started _____ Date Left _____

Company Name

Address (Street, City, State, ZIP)

Supervisor's Name/Title

Telephone Number

Description of Work and Responsibilities

Reason for Leaving

May we contact

Your Name at Time of Employment

Last Rate of Pay

Previous Employer

Date Started _____ Date Left _____

Company Name

Address (Street, City, State, ZIP)

Supervisor's Name/Title

Telephone Number

Description of Work and Responsibilities

Reason for Leaving

May we contact

Your Name at Time of Employment

Last Rate of Pay

Previous Employer

Date Started _____ Date Left _____

Company Name

Address (Street, City, State, ZIP)

Supervisor's Name/Title

Telephone Number

Description of Work and Responsibilities

Reason for Leaving

May we contact

Your Name at Time of Employment

Last Rate of Pay

Education:

School Level	Name & Address	# of Years Attended	Did you graduate?	Course of Study Degree Received
High School				
Vo-Tech, Business or Trade School				
College				
Graduate School				

Type of Professional Registration or License _____

State _____

Number _____

Expiration Date _____

Personal References:

Name	Phone Number	Relationship

Certifications:

CNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expires: _____
MANDT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expires: _____
CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expires: _____
First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expires: _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expires: _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expires: _____

Authorization to Complete Background Check

During the application process and at any time during any subsequent employment, I hereby authorize Liberty Place, Inc. to complete a background check which may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete an accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Applicants Signature

Date of Birth

Social Security Number

Today's Date

Authorization to Release Information

I authorize you to release and furnish any and all information that you have concerning me, including confidential or privileged information, employment records, and educational records or information, to Liberty Place, Inc. The information requested would assist Liberty Place in evaluating my employment background and personal history to determine whether my qualifications are suitable for the position I am seeking. I therefore request your cooperation in supplying this information in response to a request from them.

I hereby release you, your company or organization, and those who supplied you with information of any kind from any liability for damages which may result from furnishing the requested information.

Applicant Name (Please Print)

Applicants Signature

Social Security Number

Today's Date

By signing this application I am declaring that all information provided by me on this application is complete and accurate. I understand that any false answers or statements made by me on this application or on any supplement thereto, or any omission of any requested information, may be grounds for immediate discharge. I understand this is an application for employment only and does not imply or create an employment contract.

I authorize schools, references, and my prior employers to provide my reason for leaving, and all other information they may have concerning me to Liberty Place Inc. I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

Applicant Signature

Date