



Confidential Information

Bethesda Home of Aberdeen
1224 South High St., Aberdeen, SD 57401
Phone: 605-225-7580 Fax: 605-225-7585

Applicant please sign and date the top section only:

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide Bethesda with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information. I understand that electronic signatures have the same legal effect as hand-written versions.

Signature: _____ Date: _____

For Office Use Only

To: _____

_____ is an applicant for a position as _____
He/she has given permission to contact you for a reference. Please complete as much of the following as you are able based on this person's job performance while employed at your organization and return to Bethesda via confidential fax at 605-225-7585. Thank you for your time.

Human Resources, Bethesda Aberdeen

Dates of employment: _____ to _____ Department: _____

Eligible for Rehire (circle one): Yes No If No, explain: _____

Please Rate:	Poor	Fair	Good	Excellent
Quality of work				
Quantity of Work				
Appearance				
Dependability				
Perception of co-workers				
Team Effectiveness				

Signature: _____

Title: _____



1224 South High St., Aberdeen, SD 57401

Bethesda Employment Application

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL:

Last Name _____ First _____ Middle _____

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Any Previous Names? Yes:___ No:___ Identify previous names (including maiden) _____

Home Phone:_____ Cell Phone: _____ Email Address: _____

Best time to contact you:_____ Date Available for work:_____ Position applied for: _____

Salary Desired:_____ How did you learn about this position (Newspaper, Internet, Friend, if other—please list): _____

Check all you would consider working: Full time:___ Part time:___ PRN (As Needed):___ Seasonal:___
Any Shift:___ On Call:___ Weekends & Holidays:___ Rotating Shifts:___
Shift Availability (Check all that apply):Days:___ Evenings:___ Nights:___

Relatives or friends employed in this facility? Yes:___ No:___

If yes, please note name, dept., and relationship: _____

Have you ever been employed by this facility? Yes:___ No:___

Are you 18 years of age or older? Yes:___ No:___ Are you 16 years of age or older? Yes:___ No:___

Long-range occupational goals: _____

*Have you been convicted of, or plead guilty to, a crime other than a misdemeanor traffic violation? Yes:___ No:___

If yes, which state (s), and explain: _____
(You are not required to disclose any SEALED or EXPUNGED criminal records.)

*Have you been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state in the US? Yes:___ No:___ If yes, explain _____

*Have you been sanctioned, cited, reported or excluded from participation in Medicare, Medicaid, or any other healthcare related law or regulation? Yes:___ No:___ If yes, explain: _____

If your answer is "yes" to any of the above three questions, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

For Office Use Only: ___BKGD ___I-9 ___OIG ___SSA

Please record reference checks on interview questionnaire.

Is applicant 18 years or older: Yes:___ No:___ Starting Date (Orientation Date): _____
(Note: 16 years of age is allowed for some positions.)

Facility(Check One): BCS PRC BTS BHA ADHC Position: _____ Starting

Salary:_____ Employee Number: _____

Full time:___ Part time w/benefits:___ Part time w/out benefits:___ PRN:___ Temp/Seasonal:___

Name/ Last, First, Middle:

Position:

Date:

Education/Skills:

School Information:	Name/Address	Course of Study	Check Last Year Completed	Graduated?	Diploma or Degree Earned
High School:			1 2 3 4	Yes__ No__	
Address					
College:			1 2 3 4	Yes__ No__	
Address					

Other college or special courses: (Include Military Training, Post Graduate and Nursing)

Area (s) of specialization or major interest: _____

List office skills including computer/software experience: _____

Healthcare, business or industrial equipment operated: _____

Professional License or Certification:

Current License or Certification:	Current License or Certification:	Current License or Certification:
State & Date: _____	State & Date: _____	State & Date: _____
Type: _____	Type: _____	Type: _____
No: _____	No: _____	No: _____

Eligible for licensure, please circle one: Yes or No

If yes, please note type of license/certification, state and date: _____

License or certification ever suspended, revoked or placed on probation, please circle one: Yes__ No:__

If Yes, Explain: _____

Language:

Do you?

Speak	Read	Write
Fair:___ Good:___ Fluent:___	Fair:___ Good:___ Fluent:___	Fair:___ Good:___ Fluent:___
Speak	Read	Write
Fair:___ Good:___ Fluent:___	Fair:___ Good:___ Fluent:___	Fair:___ Good:___ Fluent:___

Previous Experience:

Please describe duties and skills acquired through military or volunteer service (include dates):

An Equal Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal opportunity laws and regulations.

Provide information regarding previous employment beginning with most recent employer.

Job Title: _____

From: (MO/YR)	To: (MO/YR)	Supervisor's Name:	Salary: (Hr/Mo/Yr)
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Employer Name: _____ Phone: _____

Address: _____ Email: _____

Duties: _____

Reason for leaving: _____

May we contact your current employer? Yes: ___ No: ___

Job Title: _____

From: (MO/YR)	To: (MO/YR)	Supervisor's Name:	Salary: (Hr/Mo/Yr)
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Employer Name: _____ Phone: _____

Address: _____ Email: _____

Duties: _____

Reason for leaving: _____

Job Title: _____

From: (MO/YR)	To: (MO/YR)	Supervisor's Name:	Salary: (Hr/Mo/Yr)
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Employer Name: _____ Phone: _____

Address: _____ Email: _____

Duties: _____

Reason for leaving: _____

Identify/explain gaps in employment longer than 3 months: _____

References:

List at least three (3) professional/work/school references who are not relatives or personal acquaintances:

Name/Relationship:	Title:	Company Name/Email Address:	Phone:

Emergency Notification: Name: _____ **Relationship:** _____ **Phone:** _____

Carefully read this section prior to providing signature below:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representation or omissions on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge if discovered at a later date. I understand the employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all persons or entities from any and all liability related to the providing or use of such information. I understand that my electronic signature carries the same legal effect as an handwritten signature/paper document.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date: _____ Signature: _____