



1224 South High Street
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 for friends.

PERSONAL:

Last Name First Middle Identify previous Names (including maiden)

Present Address City State Zip Code

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): _____

Please check all positions you would consider: Full time: ___ Part time: ___ PRN (As Needed): ___ Seasonal: ___

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 ever 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 EXLUNGED criminal records.) _____

Have you ever 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 sanction, 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, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

For Office Use Only:

Please record reference checks on interview questionnaire.

Is applicant 18 years or older: Yes: ___ No: ___ Is applicant 16 years or older: Yes: ___ No: ___

Starting Date (Orientation Date): _____

Facility (Circle One): BCS PRC BTS BHA

Position: _____ Starting Salary: _____

Full time: ___ Part-time w/benefits: ___ Part-time w/out benefits: ___ PRN: ___ Temporary/Seasonal: ___

Shift: _____ Employee Number: _____

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

Name/ Last, First, Middle:

Position:

Date:



Confidential Information

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

Applicant please sign and date

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:

Signature: _____ Date: _____

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

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: _____

Previous Experience:

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

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

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)
---------------	-------------	--------------------	--------------------

Employer Name: _____ Phone: _____

Address: _____ Email: _____

Duties: _____

Reason for leaving: _____

Job Title: _____

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

Employer Name: _____ Phone: _____

Address: _____ Email: _____

Duties: _____

Reason for leaving: _____

Language: (Do not complete unless requested)

Language: _____

Do you . . .

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:___

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: _____

Education/Skills:

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

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					
College:			1 2 3 4	Yes__ No__	
Address					

Area(s) of specialization or major interest: _____

List office skills including computer/software experience: _____

Healthcare, business or industrial equipment operated: _____ Word Processing (Approx. WPM): _____

Professional Licenses and professional Certifications:

Currently Licensed: _____ Eligible for License: _____ License or registration ever suspended, revoked or on probation:

Yes or No

If Yes: Explain:

Currently Registered: _____ Eligible for Registration: _____

Type: _____ State: _____

No: _____ Date: _____

Professional Certifications: _____**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 organization to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I complete release all persons or entities from any and all liability related to the providing or use of such information.

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: _____