

**WENTZ LIVING CENTER
555 LAKE AVENUE EAST
NAPOLEON, ND 58561**

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 by law.

Name: _____ Social Security #: _____
 Last First Middle I

Current Address: _____
 Street Address/PO Box City State Zip

Telephone #: _____

If you have lived at the above address less than 12 months, list your previous 2 addresses:

Position applied for: _____ Salary desired: _____

1. Are you at least 18 years old? ___ Yes ___ No

2. Are you 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

3. Review the job description for the position 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: _____

4. Have you ever been convicted of or pled guilty to any criminal
felony offense within the past seven years? ___ Yes ___ No

5. Are you presently charged with any felony violations of law? ___ Yes ___ No

6. Have you ever been convicted, disciplined, reprimanded or
terminated from employment due to mistreatment of a patient
or resident? ___ Yes ___ No

7. Have you ever been convicted, disciplined, reprimanded or
terminated from employment for the misappropriation of
funds or other properties not belonging to you but which you
had access to during your employment? ___ Yes ___ No

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

Date in which you can begin work: _____

Shifts you can work: ___ Days ___ Evenings ___ Nights

Will you work extra hours whenever scheduled or requested? ___ Yes ___ No

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

If yes, give position and dates employed: _____

Would you accept: _____ Part-time _____ Full-time

Special skills you possess: _____

Long range occupational goals: _____

Education	Did you finish? (If not, indicate grade completed).	Name of school and location.	Major Subjects.
High School			
College			
School of Nursing			
Special schooling or training			

Professional license and certifications:

Type	State	Issued	Date	Number

Have you ever been discharged from a job or forced or asked to resign? ___ Yes ___ No

If yes, please explain: _____

Have you ever been counseled, verbally or in writing, for violation of a prior employer's safety rules? ___ Yes ___ No

If yes, please explain: _____

Have you ever been counseled, verbally or in writing, for violation of any company policy of a prior employer? ___ Yes ___ No

If yes, please explain: _____

EMPLOYMENT HISTORY: (List all previous employers for whom you have worked during the last five years. Explain any lapses between times when employed).

Name & Address of employers (most recent first)	Month Year	Salary	Position/Location	Supervision	Reason for leaving
1.	Fr: To:				
2.	Fr: To:				
3.	Fr: To:				
4.	Fr: To:				
5.	Fr: To:				

Have you been a CNA in another State? _____Yes _____No

If yes, please list State(s), license # if known, and dates:

REFERENCES: (List the names, addresses, and telephone numbers of people we can contact for professional recommendations. List at least one employer or former employer if possible).

Name:	Address:	Telephone Number:
1.		
2.		
3.		

For Office Use Only:

Check ndhealth.gov (Healthsource-Health Facilities-CNA Abuse List) _____

Check ndbon.org to verify licensure: _____

License or certificate number and expiration date: _____

Date and name of previous employer contacted: _____

Date and name of reference contacted: _____

Signature of person completing this section: _____

MILITARY SERVICE RECORD:

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

Are you now a member of a Reserve or National Guard unit? _____ 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:

CAUTION: Read the following statement before signing the application for employment.

I hereby state that the information given by me in this application, related papers, and interviews is true in all respects. I understand that Wentz Living Center will investigate my work history and may verify any information given in my application, related papers, or interviews. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance. I agree that, if I am employed and the information, I have given is found to be false in any respect, I will be subject to dismissal without notice at any time.

I understand and agree that any employee handbook I may receive will not constitute an employment contract but will be merely a gratuitous statement of Wentz Living Center’s current policies.

I understand that Wentz Living Center reserves the right to require its employees to submit to alcohol or drug tests prior to and randomly throughout their employment with Wentz Living Center. Wentz Living Center also has the right to inspect bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to an alcohol/drug test or search, when requested to do so, may result in termination of my employment.

I understand and agree that, if I am offered employment by Wentz Living Center, my employment will be for no definite term and that either I, or Wentz Living Center, 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.

Signature of Applicant

Date

*If under 18 years of age, signature of parent/guardian.

Signature of Parent /Guardian

Date

Northern Testing

2201 15th ST SW
Minot, ND 58701
Phone: (701) 839-4730
Fax: (701) 839-6120

NOTICE OF CONSUMER REPORT
Pre-Adverse Action Notice

Dear Applicant/Employee:

This is to inform you that as part of our procedure for processing your employment application and at any time during your employment, **Wentz Living Center** (hereafter referred to as The Employer) may obtain from a consumer reporting agency an investigative consumer report (background check) for employment purposes. In compliance with the Fair Credit Reporting Act, The reporting agency, Northern Testing, 3108 S. Broadway, Suite E, Minot, ND 58701: will not obtain such a report without your signed authorization.

You understand that upon written request (within 60 days) to The Employer you will be informed whether an investigative consumer report was received and given full information as to the nature, scope, and findings of the investigation. You understand that an investigative report is a report in which public and/or personal information may be obtained through personal interviews with known associates and public reporting agencies. Personal information can include, but is not limited to: Criminal & driving records, educational and employment, tests for illegal drugs, verifications, social security address trace, employment credit check, personal references, etc.

By signing below, you are authorizing The Employer to obtain an investigative consumer report as part of the pre-employment background screening process. If The Employer offers you employment, you authorize The Employer to obtain additional investigative reports and retain those reports on file for the duration of your employment or longer if required and/or allowed by law.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

WRITE LEGIBLY (NEATLY)!!

Printed Full Name: _____ Date of Birth: _____

Social Security Number: _____

Drivers License #: _____

Last Address: _____ City: _____ State: _____

Previous Address: _____ City: _____ State: _____

Signature: _____ Date: _____

Phone Number: _____