



ERCC

ELKINS REHABILITATION
& CARE CENTER
Complete Compassionate Care

EMPLOYMENT APPLICATION

www.ercc.biz ♥ 304.636.1391

1175 Beverly Pike ♥ Elkins, WV 26241

An Equal Opportunity Employer and a Drug-Free Workplace

Accredited by the Better Business Bureau

PERSONAL INFORMATION

| | | | |
|--------------------|-------|--------|------------------------|
| Last | First | Middle | Social Security Number |
| Name | | | |
| Address | | | Home Phone Number |
| City / State / Zip | | | Cell Phone Number |
| Email Address | | | Referred By |

DRIVER'S LICENSE INFORMATION

| | | | | |
|--|---------------|----------------|--------------------|----------------|
| Name exactly as it appears on Driver's License | Issuing State | License Number | Date of Expiration | Endorsement(s) |
| | | | | |

EMPLOYMENT DESIRED RNs / LPNs / CNAs / NAs 12 hour Shifts – 7a-7p Day Shift & 7p-7a Night Shift

| | | | |
|---|---|--------------|--|
| Job title of the position for which you are applying? Enter 1 st & 2 nd choice below: | | | Will you accept employment of: Full-Time (FT) <input type="checkbox"/> Part-Time (PT). <input type="checkbox"/> Partial PT (< 30 hrs/wk).. <input type="checkbox"/> |
| Choice | Shift | Wage Desired | |
| 1 st | <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Evening Shift | | |
| 2 nd | <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Evening Shift | | |

AVAILABILITY INFORMATION

| | |
|---|--|
| Date Available _____ | If less than 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Are you available to work: Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No On Call: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EDUCATION / TRAINING

| School | Name Address | Did you Graduate? | Graduation Date | Diploma, Degree, Certificate Received |
|-------------------|-----------------|--|-----------------|---------------------------------------|
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Technical College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

VERIFICATION

| Type | Organization or State Issued | Date Issued | License Number | H.R. Initials |
|------|------------------------------|-------------|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |

MILITARY RECORD

| | | | | | |
|--------|------------|-----------------|------------------|---------------------------------|---------------|
| Branch | Entry Date | Separation Date | Discharge Status | Military Occupational Specialty | Commendations |
| | | | | | |

EMPLOYMENT HISTORY - BEGINNING WITH PRESENT OR MOST RECENT

| | | |
|--|----------------------------|--------------------------|
| Company Name | Employed From Month / Year | Employed To Month / Year |
| | | |
| Company Address, City, State, Zip Code | Phone Number | Immediate Supervisor |
| | | |
| Position Title | Salary | Supervisor's Title |
| | | |
| Job Description & Responsibilities | | |
| | | |

May we contact the above named company for references? Yes No

EMPLOYMENT HISTORY

| | | |
|--|----------------------------|--------------------------|
| Company Name | Employed From Month / Year | Employed To Month / Year |
| | | |
| Company Address, City, State, Zip Code | Phone Number | Immediate Supervisor |
| | | |
| Position Title | Salary | Supervisor's Title |
| | | |
| Job Description & Responsibilities | | |
| | | |

May we contact the above named company for references? Yes No

EMPLOYMENT HISTORY

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|--|----------------------------|--------------------------|
| Company Name | Employed from Month / Year | Employed To Month / Year |
| | | |
| Company Address, City, State, Zip Code | Phone Number | Immediate Supervisor |
| | | |
| Position Title | Salary | Supervisor's Title |
| | | |
| Job Description & Responsibilities | | |
| | | |

May we contact the above named company for references? Yes No

PRIOR NURSING / LONG-TERM CARE / ASSISTED LIVING FACILITIES EMPLOYMENT

Please list all nursing / long-term care / assisted living facilities where you have been employed.

| | |
|------|----------|
| Name | Location |
| | |
| | |
| | |
| | |

ELKINS REHABILITATION & CARE CENTER STATEMENT

Elkins Rehabilitation & Care Center does not discriminate in hiring on the basis of race, color, sex, citizenship, national origin, ancestry, military era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

APPLICANT ACKNOWLEDGEMENT AND ACCEPTANCE OF BACKGROUND INVESTIGATION PROCESS

I voluntarily give Elkins Rehabilitation & Care Center the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I release all liability and/or responsibility of all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as ERCC shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will. I understand that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing in this application form. If employed, I will be required to complete an Employment Verification Form (I-9), **and within three days show satisfactory evidence of identity and eligibility for employment.**

I further understand that employment will be contingent on passing the Substance Abuse Screening.

APPLICANT'S SIGNATURE _____ **DATE** _____

CENTRAL ABUSE REGISTRY

"All service providers in the State of West Virginia are subject to provisions of law creating a central abuse registry. Any person providing services for compensation to children or to incapacitated adults or to adults receiving behavioral health services, who is convicted of a misdemeanor or felony offense constituting abuse, neglect or misappropriation of property of a child or an incapacitated adult or an adult receiving behavioral health services, is subject to listing on the central abuse registry. The fact that a person is listed on the registry may be disclosed in specific instances provided by law. Listing on the registry may limit future employment opportunities, including opportunities for employment with residential care facilities, day care centers and home care agencies. It is the policy of Elkins Rehabilitation & Care Center to promptly report all suspected instances of abuse, neglect, or misappropriation of property to the proper authorities and to cooperate fully in the prosecution of these offenses."

ACKNOWLEDGEMENT OF POSSIBLE SCHEDULE CHANGES

► I understand that conditions may require me to temporarily work shifts other than the one for which I am regularly scheduled. I agree to such scheduling change as directed by the Department Director or Administrator or their designee, of this facility.

APPLICANT'S SIGNATURE _____ **DATE** _____

REFERENCES

PLEASE LIST THREE REFERENCES YOU HAVE KNOWN FOR AT LEAST ONE YEAR WHO ARE NOT FORMER EMPLOYERS OR RELATIVES.

| | | |
|-----------------------------|--------------|--------------------------------|
| Name | Relationship | Address, City, State, Zip Code |
| Company Name, if applicable | Title | Phone Number(s) |
| Name | Relationship | Address, City, State, Zip Code |
| Company Name, if applicable | Title | Phone Number(s) |
| Name | Relationship | Address, City, State, Zip Code |
| Company Name, if applicable | Title | Phone Number(s) |

REFERRAL INFORMATION

Elkins Rehabilitation & Care Center appreciates your application with our organization. Please take a moment to complete the referral questions below by marking the area that best describes how you became aware of the position(s) for which you have applied (check all that apply).

- I am a former employee of ERCC Colonial Place Mountain Memories.
- Newspaper Radio Television Social Media ERCC Web Page Job Fair Friend
- Other _____

APPLICANT'S SIGNATURE _____ **DATE** _____