Personal Information: Name Last First Middle Name	
Last First Middle Name	
Ann Maiden / Alice / Durvieus Nema(s)	
Any Maiden / Alias / Previous Name(s) (Please indicate 'N/A' if not any)	
Address	
Street City State Zip	
Telephone (Social Security #	
Cell Phone (
Are you at least 18 years of age?yesno	
Shift you can work:DayEveningNights	
Hours desired:Full TimePart TimePRN / Pay Expected	
Have you ever applied for employment with us before?yesno If yes, Month/Year	
Have you ever been employed by Garden View Care Center before?yesno If yes, Month/Year employed	
Iin accordance with the provisions of Missouri law (660.317.5) disclose that I have a criminal history (convicted of a crime) in Missouri,yesno.	
I have lived in the following states in the United States:	
I have a criminal history in the following states:	
I have no criminal history in any state in United States.	

Referred By: (employee, indeed, walk-in, other-please specify)

	EMF	PLOYMENT HISTO	ORY
Company Name:		Telephone	
Address:			
Name of Supervisor:	 		
May we contact?y	esno	Reason	
Employed (month/year) -	From:	To:	
Hourly Pay:	Reason	for Leaving:	
	********	*******	*******
Company Name:		Telephone	· · · · · · · · · · · · · · · · · · ·
Address:			
Name of Supervisor:			
May we contact?y	esno	Reason	
Employed (month/year) -	From:	To:	
Hourly Pay:	Reason	for Leaving:	
	******	********	******
Company Name:		Telephone	
Address:			· · · · · · · · · · · · · · · · · · ·
Name of Supervisor:			· · · · · · · · · · · · · · · · · · ·
May we contact?y	esno	Reason	
Employed (month/year) -	From:	To:	
Hourly Pay:	Reason	for Leaving:	

EDUCATION

College	
Did you graduate?	Degree/Diploma
Trade or Technical School	
Did you graduate?	Degree/Diploma
High School	
Did you graduate?	Degree/Diploma
Military: Did you serve in the U.S. An If yes, in what branch?	
*******	*********
any misstatement or omission of fact that acceptance of an offer of emplo	elication for employment is true, and complete. If employed, et on this application may result in dismissal. I understand yment does not create a contractual obligation upon the in the future. Your signature provides consent to Garden etwo of this application.
DateSignatur	e
FOR D	EPARTMENT HEAD USE ONLY
	PEPARTMENT HEAD USE ONLY Shift
Salary	
Salary	Shift
Salary	FOR OFFICE USE ONLY ion Date Time
Orientati MHCA Background check done on _ Listed on E.D.L. CNA	FOR OFFICE USE ONLY ion Date Time
Orientation MHCA Background check done on _ Listed on E.D.L. CNA Conf # Yes No LPN/	FOR OFFICE USE ONLY ion Date Time



CRIMINAL RECORD CHECK

PURPOSE: EMPLOYMENT IN A NURSING HOME

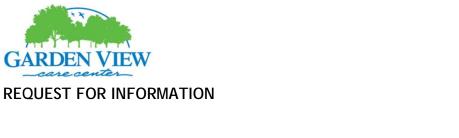
AUTHORIZATION: I AUTHORIZE GARDEN VIEW CARE CENTER TO PROVIDE CENTRAL REPOSITORY WITH INFORMATION NECESSARY TO COMPLETE REQUIRED RECORD SEARCH.

I AUTHORIZE A PAYROLL DEDUCTION OF \$15.50 FEE TO PROCESS REQUIRED RECORD SEARCH.

PLEASE PRINT

NAME:		
LAST	FIRST	MIDDLE
Maiden/Alias/Any Pr	evious Name(s) - (If None,	Please Write "N/A" or "NONE"
SEX: MALE		
	_	
RACE:		
MONTH DA	ATE YEAR	
SOCIAL SECURITY NUI	MBER:	
All States And/Or Co	untries You Have Lived In:	(Including Missouri or Illinois)
	_	
		1
SIGNATURE	DATE	
		/

WITNESS DATE



GARDEN VIEW
REQUEST FOR INFORMATION
COMPANY NAME AND PHONE NUMBER
I HAVE APPLIED FOR EMPLOYMENT WITH <u>GARDEN VIEW CARE CENTER</u> , AND I DESIRE THAT THEY BE ADVISED OF MY RECORD WITH PRIOR EMPLOYERS.
I, THEREFORE, REQUEST THAT YOU FURNISH THE FOLLOWING INFORMATION.
WHILE EMPLOYED WITH YOU I USED THE NAME:
MY DATES OF EMPLOYMENT WERE FROMTO
MY SOCIAL SECURITY #
ELIGIBLE FOR REHIRE?NO
SIGNATURE DATE WITNESS
Please sign and date only.