

**MESCALERO CARE CENTER
APPLICATION FOR EMPLOYMENT**

Applicants will receive consideration for employment with out regard to race, color, national origin, creed or religion, sex, marital status, age, handicap or any other personal characteristics protected by federal, state or local laws. We encourage the employment of veterans of the United States Armed Forces and all other qualified applicants. The employer will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with or without reasonable accommodations. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation you believe would appropriate. Providing this information is strictly voluntary. If provided, it will be kept confidential. Refusal to provide this information will not subject applicants to adverse treatment.

Applicants are kept on the file for a minimum of one year. You may update your application upon request. False statements or omission of requested information on this application form shall be considered sufficient cause for rejection during the hiring process. If false statements or omission are discovered after hire, they shall be considered sufficient cause for termination of employment. Applicants will be considered at the time of receipt. If you wish to update your application or request additional consideration, you must contact the facility.

PLEASE PRINT IN INK

Name: _____ Date: _____
Last First Middle

P

Address: _____
Street or PO Box City State Zip Code

E

Phone(s): _____
Social Security Number: ____ / ____ / ____ Tribe: _____ Enroll # _____

R

Are you authorized to work for wages in the United States? Yes No
If you answered "Yes" you will be required to present documentation showing your employment authorization and identity.

S

Age is not used as hiring criteria unless required by law. If you are under 18, you may be required to prove your age for some jobs where state safety standards make restrictions. In some states, you may be required to present a work permit.

O

Mescalero Care Center (MCC) has no mandatory retirement age. If you are eligible for Social Security benefits, Medicare or over 65, your wages and benefits from MCC could affect your government program benefits. We are proud to employ staff in their seventies and eighties.

N

Have you been convicted of a criminal offense within the last seven (7) years? Yes No If "Yes" state nature of conviction _____

A

Date of Conviction _____ Status of Probation: _____

Name of Probation Officer, if applicable: _____
Note: A Conviction does not mean automatic rejection for employment. However, if you are on probation we will contact your Probation Officer for a reference.

L

REFERRAL SOURCE
State Job Service Ad _____ Current Staff Member _____
None-Walk-in Other _____ List employee name
Please List

NOTE: ALL PERSONS ARE SUBJECT TO A DRUG TEST PRIOR TO EMPLOYMENT

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Type of work or position(s) desired: _____ Date Available: _____
 Full-time Part-time (_____ hrs/week) Temporary: From _____ to _____

Scheduling: Normal office hours are maintained Monday thru Friday in our Business Office with the exception of some weekend, evening, and night shift work. Every nursing facility must be staffed 7 days a week, 24 hours a day. Work schedules are varied and require flexibility. Based on our staffing needs, we may not always be able to accommodate your scheduling preferences. Therefore, please consider carefully all of your personal time, commitments before responding to the following questions.

Check shift preference: Day Evening Night No preference, I can work any shift
 2nd Choice None Day Evening Night
 Can you rotate shifts? Yes No
 Indicate all days you would be able to work:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you ever worked for MCC before? Yes No
 If yes, where: _____ Date: _____
 Position Held: _____ Immediate Supervisor: _____

Reason for Leaving: _____
List most recent employer first. Include military service if among last four jobs. You may list volunteer experience if you do not have paid work experience with four employees. Write "V" in salary column.

1. Employer _____ Address _____
 Telephone (_____) _____ Dates Employed From _____ to _____
 Job Title _____ Supervisors Name/Job Title _____
 Primary Job Duties: _____
 Final Salary \$ _____ Reason for Leaving _____
 May we contact for a reference? Yes No If no explain: _____

2. Employer _____ Address _____
 Telephone (_____) _____ Dates Employed From _____ to _____
 Job Title _____ Supervisors Name/Job Title _____
 Primary Job Duties _____
 Final Salary \$ _____ Reason for Leaving _____
 May we contact for a reference? Yes No If no explain: _____

3. Employer _____ Address _____
 Telephone (_____) _____ Dates Employed From _____ to _____
 Job Title _____ Supervisors Name/Job Title _____
 Primary Job Duties _____
 Final Salary \$ _____ Reason for Leaving _____
 May we contact for a reference? Yes No If no explain: _____

4. Employer _____ Address _____
 Telephone (_____) _____ Dates Employed From _____ to _____
 Job Title _____ Supervisors Name/Job Title _____
 Primary Job Duties _____
 Final Salary \$ _____ Reason for Leaving _____
 May we contact for a reference? Yes No If no explain: _____

List any other references we may contact (We will not employ relatives in position where direct supervisory relationship will exist)

Explain any circumstance(s) that may affect reference received:

TYPE OF LICENSE/CERTIFICATION STATE NUMBER EXPIRATION DATE LEAVE BLANK

L Licensed Practical Nurse _____
I Registered Nurse _____
C Certified Nurses Assistant _____
E Administrator _____
N RPT _____
S Other _____
U If you don't have license, have you applied? Yes No
R If exam is required, give schedule date: _____
E If not licensed in this state, have you applied for reciprocity? Yes No

Review each column and check ALL items in which you have training (T) and/or experience (E):

SKILLS

T	E	T	E	List any additional skills You consider important
	Supervision of Employees		Shorthand/Speedwriting _____ wpm	_____
	Teaching		Dictation Equipment	_____
	Accounts Payable		10 Key Adding Machines	_____
	Accounts Receivable		Calculator	_____
	Payroll		Key Punch Machines	_____
	Full Charge Bookkeeping		Switchboard	_____
	Financial Statements		Copy Machines	_____
	Cost Reporting		LONG TERM CARE/REHABILITATION	_____
	Auditing		NURSING TECHNIQUES	_____
	Taxes		Administration of Medicine	_____
	Budgeting		Isolation Techniques	_____
	CLINICAL SKILLS		Sterile Techniques	_____
	Blood Pressure		Reality Orientation	_____
	T.P.R.		Therapeutic Activity Programs	_____
	Feeding Disabled Patients		Use of P.T. in Long Term Care	_____
	Transfer Techniques		Use of O.T. in Long Term Care	_____
	Alignment & Positioning		Charting	_____
	Range of Motion		Patient Care Plans	_____
	B & B Training		Data Processing	_____
	Catheterization		Word Processor	_____
	Medicare/Medicaid Reimbursement		Computers	_____
	Medical Records			_____
	Insurance Billing			_____
	Typing _____ wpm			_____

EDUCATION

List All Education you would like to consider in the evaluation of your application

1. School/Location _____ Type of Degree _____

Relevant Courses _____

2. School/Location _____ Type of Degree _____

Relevant Courses _____

3. School/Location _____ Type of Degree _____

Relevant Courses _____

Other Education (Seminars, Military, Schools, etc.) _____

I have read all section of this application and authorize verification of my statements. I understand that misrepresentation may be considered cause for rejection in the hiring process or termination of employment. I further understand my employment may be subject to a physical examination, drug screening, favorable references and documentation of my right to work in the U.S. if a bonafide job offer is made.

In consideration of my employment, I agree to conform to the rules, procedures and regulations of MCC. I understand that my employment and compensation can be terminated with or without cause, and or without notice, at any time, at the option of either the facility or myself. I understand that no representative of MCC other than the Administrator/Board of Directors has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: _____ Date: _____

Do Not Write Below This Line

Interviewed By:

Name	Job Title	Date
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