

This application must be completed fully. Incomplete applications **will not** be considered. You may fax a completed application to 901-273-0801 or email to talent@memphisjewishhome.org.

PERSONAL INFORMATION

Name: _____

Last

First

Middle

Address: _____

Number

Street

City

State

Zip Code

Phone #: _____

Home

Cell

Other

Email: _____

Tennessee regulations require that you must be at least **18 years old** to work in our facility.

Are you at least 18 years of age? YES NO

*Have you ever been convicted of a misdemeanor? YES NO

*Have you ever been convicted of a felony? YES NO

If yes, state the offense, location, date and disposition of each misdemeanor or felony:

**a conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes to the extent permitted by law.*

Have you ever been involuntarily terminated (fired, laid off, etc.?) YES NO

If yes, explain:

Have you ever worked for Memphis Jewish Home & Rehab (MJHR)? YES NO

If yes, list date(s) and positions:

List approximate date(s) and positions you previously applied for:

Have you ever worked at MJHR in an agency position? YES NO

If yes, list name of agency and approximate date(s):

Do you have any relatives working for MJHR? YES NO

If yes, list names and relationship

Have you previously been employed under any other another name or names? YES NO

If yes, list the name or names you used:

Licenses or registrations held (for example CNA, LPN, RN, and certificates for any specialized skills):

Type _____ State _____ ID Number _____ Expires _____

How did you hear about this position at MJHR?

List any memberships you have in job related organizations.

Describe any specialized training you have that you believe is relevant to the position you are applying for.

Describe why you are interested in working for MJHR and describe those skills and abilities you have that you feel particularly qualify you for a position with MJHR. If you need more space, attach a separate sheet of paper.

EDUCATION

NAME AND ADDRESS	# YEARS COMPLETED	DID YOU GRADUATE?	MAJOR FIELD OF STUDY/DEGREE
High School:			
College:			Degree Earned:
Trade School:			Degree Earned:

POSITION INFORMATION

I am applying for:

CNA Charge Nurse LPN Charge Nurse RN Other (describe): _____

If offered a position I would be available to start on (day and date): _____

Nursing Schedules

I am interested in working the following shifts (check all that you are interested in working; some shifts may not be available).

M-F Day M-F Afternoon M-F Night
 Sat & Sun 12 Hour Day Sat & Sun 12 Hour Night
 2-3-2 12 Hour Rotating Day 2-3-2 12 hour Rotating Night

Dietary and EVS Schedules

Dietary 4/2 repeating schedule 6a - 2p 3p - 8p
EVS 4/2 repeating schedule 7a - 3p 2p - 10p 3p - 11p

Other Dietary or EVS schedule you are applying for: _____

Other

Other schedule you are applying for: _____

Are you able to work overtime as necessary? YES NO

EMPLOYMENT HISTORY

List your employers in consecutive order beginning with your current or most recent employer. If self-employed, list firm name and provide your business/customer references. Note: your present employer **will not** be contacted until an offer of employment has been accepted.

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>
Reason for Leaving:		Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY (CONTINUED)

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>
Reason for Leaving:		Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>
Reason for Leaving:		Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>
Reason for Leaving:		Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer Name	Telephone Number	Address
Nature/Type of Business		
Employed From (mm/yyyy)	Employed To: (mm/yyyy)	Supervisor Name & Title
Your Job Title	Pay Rate: <i>Beginning</i>	Pay Rate: <i>Ending</i>
Reason for Leaving:		Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO

List additional employers on a separate sheet of paper and attach to your application.

Incomplete applications will not be considered.

EQUAL OPPORTUNITY EMPLOYER

Memphis Jewish Home & Rehab is an Equal Opportunity Employer, which means we will not discriminate against any individual based on race, color, sex, national origin, age, religion, marital status, sexual orientation, gender identity, gender expression, military or veteran status, disability, or any factors prohibited by federal, state or local laws. No question in this application is intended to secure information to be used in a discriminatory way.

CONDITIONS OF EMPLOYMENT

1. I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that any misrepresentation, falsification or omission of any fact in this application, my resume or other materials I provide is grounds for refusal to hire or, if hired, termination of my employment with Memphis Jewish Home & Rehab ("MJHR").
2. I authorize any of the persons or organizations referenced in this application to furnish information concerning my previous employment, education or other information they may have, personal or otherwise, including the reason for termination of my employment if applicable, my work performance, abilities, and other qualities pertinent to my qualifications for employment, and I release all such parties from all liability for any damages arising from furnishing such information to MJHR and/or its designee.
3. I understand that in processing my application for employment, MJHR may verify all of the information provided by me. I also understand that although my application will be given every consideration by MJHR, receipt of my application by MJHR does not imply that I will be offered employment with MJHR.
4. I understand that if I receive an offer of employment from MJHR it will be contingent upon my successful completion of MJHR's pre-employment screening process including, but not limited to, receipt of references satisfactory to MJHR and a pre-employment or post-employment limited physical examination conducted by MJHR.
5. I understand that if I am employed by MJHR, as a condition of employment, I will be required to consent to and successfully pass a screening for alcohol and/or drugs and to authorize MJHR and/or its designee to conduct a background check. I also understand that if I am employed by MJHR, I may be required to submit to additional screens for illegal use of drugs and/or testing for alcohol when requested by MJHR.
6. If I am employed by MJHR, in consideration of such employment I agree to comply with MJHR's policies, rules, regulations and procedures, as set forth in MJHR's employee handbook and I acknowledge that these policies, rules, regulations and procedures may be changed, interpreted, withdrawn, or added to by MJHR at any time, at MJHR's sole option without any prior notice to me.
7. I understand that if I am employed by MJHR, my employment will be at will and may be terminated with or without cause at anytime by me or by MJHR.

By signing below, I certify that I have read, accepted, and agreed to the above MJHR conditions of employment.

Signature

Date