



201 University Dr. S., Fargo, ND 58103 (701) 239-3000 www.bethanynd.org

## Application for Employment

Name: Telephone #: Date:

E-mail Address:

Street Address: City: State: Zip Code:

Campus:

Position Desired: Status:

Specify the times for each day that you are available to work:

Sat	Sun	Mon	Tues	Wed	Thurs	Fri

Social Security Number: Are you eligible to work in the United States?  Yes  No

Were you previously employed by Bethany?  Yes  No If yes, when?

If you have ever been employed or attended school under another name, list other name(s) used:

Are you at least 16 years of age?\*  Yes  No If not, do you have an Employment & Age Certificate?  Yes  No  
- Used only to ensure compliance with state and federal child labor laws.

How did you learn of this opening?

Have you ever performed Nurse Assistant duties or been listed on a state registry and/or licensing board:  Yes  No  
If so, in order to check Abuse Registries, please list all states in which you have been registered:

Have you ever been convicted of a crime, excluding minor traffic violations (including convictions removed from record)?\*  
 Yes  No Explain:

Have you ever been found guilty by a court of law of abusing neglecting or mistreating a resident or of misappropriation of their property?\*  
 Yes  No Explain:

\* If you answered yes, attach an individual page and explain. Include dates, places, charges, and results. Disclosure of information will not necessarily bar you from consideration for employment and will only be considered in relation to specific job requirements. Age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration. Under federal regulations, however, conviction of resident abuse, neglect or mistreatment or misappropriation of resident property will disqualify you from consideration for employment.

**For anyone who has worked as a CNA:** Have you ever had a nurse aide registry listing or certification marked for abuse or negligence?  Yes  No

**For anyone who has worked as a RN or LPN:** Have you ever been investigated by a Board of Nursing?  Yes  No

Location:	Major or Degree:	Highest Grade Completed:	Currently Enrolled?	Graduated?
High School: City/State:				
College: City/State:				
Vocational: City/State:				

If required for this position, indicate License, Registration or Certification Information (Ex: CNA, RN, LPN, Pharmacy, etc.):

Type: State(s): Number: Expiration Date:

CNA's: If still in class, please note when your test date is:

**Beginning with your present or most recent employment (regardless of length of time), list all periods of employment and unemployment including military service assignments and volunteer activities. Attach additional work history as necessary:**

Company:            Dates: From            To            Your title:

Address:            Phone Number:

Immediate Supervisor's Name & Title:

Description of Duties:

Reason for Leaving:            Ending Salary: \$

If currently employed, may we contact your supervisor?  Yes  No

Company:            Dates: From            To            Your title:

Address:            Phone Number:

Immediate Supervisor's Name & Title:

Description of Duties:

Reason for Leaving:            Ending Salary: \$

If currently employed, may we contact your supervisor?  Yes  No

Company:            Dates: From            To            Your title:

Address:            Phone Number:

Immediate Supervisor's Name & Title:

Description of Duties:

Reason for Leaving:            Ending Salary: \$

If currently employed, may we contact your supervisor?  Yes  No

Company:            Dates: From            To            Your title:

Address:            Phone Number:

Immediate Supervisor's Name & Title:

Description of Duties:

Reason for Leaving:            Ending Salary: \$

If currently employed, may we contact your supervisor?  Yes  No

**Give the names, addresses and phone numbers of individuals (not related to you, and not supervisors listed above) who have knowledge of your character, experience and ability.**

**No. 1:**

Name:           Address:

Phone Number:           How does this person know you?

**No. 2:**

Name:           Address:

Phone Number:           How does this person know you?

Please describe any special skills/knowledge you possess that is relevant to this position:

**AGREEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment,

I understand that false or misleading information given in my application or interview(s) may result in discharge.

I further understand that I am required to abide by all rules and regulations of the facility.

Signature of Applicant:

Date:

**Bethany Retirement Living is an Equal Opportunity Employer**



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**APPLICANT DISCLOSURE AND RELEASE FOR BACKGROUND CHECKS,  
DRUG SCREENING, AND REFERENCE INFORMATION**

Having made application for employment with Bethany Retirement Living, and desiring them to be informed as to my previous record and character, I hereby authorize Bethany Retirement Living and its authorized representatives to obtain information relating to my activities from educational institutions, licensing agencies and all persons or entities named on my employment application. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, discipline and conviction records. I hereby direct you to release such information upon the request of the bearer.

Further, I release any and all individuals and organizations, including record custodians, from any and all liability for damages of whatever kind or nature because of furnishing said information.

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In connection with my application for employment with Bethany Retirement Living, I also understand that background checks will be performed on me if I receive an offer of employment from Bethany Retirement Living. I understand that an offer of employment is conditional on the results of the background information. The background information will be obtained through:

ADVANTAGE CREDIT BUREAU  
115 North University Drive, Suite 5, Fargo, ND 58102  
Toll free phone: 1-800-568-4478 / Fax: 701-239-9963

I understand the information obtained from a background check may include my past employment history, criminal history and driving record. I further understand that the background information is not limited to the current state of my residence, but may include information from any other state where I have resided.

I authorize all persons and companies contacted by the employer or its representatives to provide the requested background information. I understand and agree to release the aforesaid from any liability for collecting my background information.

I understand that if adverse action is taken by Bethany Retirement Living based on the results of my criminal background check, I will be given notice orally, in writing, or electronically of such adverse action. I further understand that I may request in writing within a reasonable period of time, a complete disclosure of the nature and scope of the background investigation. I also understand that I have the right to dispute the accuracy or completeness of any information furnished by the reporting agency. I further understand that the reporting agency supplying the information does not make the decision to take adverse action and cannot give specific reasons for the adverse action, only the employer makes such a decision.

I further authorize Bethany Retirement Living, if I am hired, to request a background report about me, for employment related purposes, at any time during the course of my employment to the extent allowed by law. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

I also give my consent to Bethany Retirement Living and to MeritCare Laboratory to perform the appropriate test(s) to identify the presence of drugs and/or alcohol. I furthermore give my permission for the test results to be released to Bethany Retirement Living. I understand that refusal to take this test, attempts to adulterate the sample, or a positive test may result in Bethany Retirement Living removing my application from consideration.

First Name:            Middle:            Last:

Any other name(s) used:

Social Security Number:

Present Address:

Previous Cities/States of Residence During Last 7 Years:

Applicant Signature:            Date:

