

**MARIAN ESTATES  
NURSING ASSISTANT PROGRAM APPLICATION**

*Marian Estates is an equal opportunity employer.*

*All portions of this application must be completed. Incomplete applications will not be considered for opportunities at Marian Estates.*

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Social Security #</b>
<b>Address</b>		<b>City, State, Zip</b>	<b>Phone Number</b>
<b>Referred By:</b> <b>Walk In</b> _____	<b>Staff Member</b> _____ <b>Employment Agency</b> _____	<b>Newspaper</b> _____ <b>Online</b> _____	<b>Alternate phone</b>

IF CLASS IS OFFERED, YOU WILL BE REQUIRED TO SUBMIT IDENTIFICATION IN ACCORDANCE WITH IMMIGRATION AND NATURALIZATION SERVICE REQUIREMENTS. YOU WILL ALSO BE SUBJECT TO A CRIMINAL HISTORY BACKGROUND CHECK, AND MAY BE REQUIRED TO SUBMIT FINGERPRINTS AS PART OF THE INVESTIGATION.

Please Initial \_\_\_\_\_

Please Initial \_\_\_\_\_

Have you ever been employed with Marian Estates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when:
Have you used names or Social Security Numbers Other than those on this page?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list:

<p><b>Have you ever been investigated by the Board of Nursing?</b> _____ (Yes or No)</p> <p><b>Have you ever been investigated by Senior And Disabled Services?</b> _____ (Yes or No)</p> <p><b>Have you ever been investigated for abuse that was substantiated?</b> _____ (Yes or No)</p> <p><b>Signature</b> _____</p>
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**EMPLOYMENT RECORD** (Please list most recent position first)

<b>MOST RECENT EMPLOYER</b>	Are you currently working for this employer? If yes, may we contact them?	Yes Yes	No No
<b>Company Name</b>	<b>Address</b>	<b>Supervisor</b>	<b>Phone #</b> <b>Fax #</b>
<b>Date of Employment</b>	<b>Job Title</b>	<b>Wage/Salary per</b>	
<b>From:</b> <b>Responsibilities:</b>	<b>To:</b>	<b>Exact Reason For Leaving</b>	

<b>Company Name</b>	<b>Address</b>	<b>Supervisor</b>	<b>Phone #</b> <b>Fax #</b>
<b>Date of Employment</b>	<b>Job Title</b>	<b>Wage/Salary per</b>	
<b>From:</b> <b>Responsibilities:</b>	<b>To:</b>	<b>Exact Reason For Leaving</b>	

<b>Company Name</b>	<b>Address</b>	<b>Supervisor</b>	<b>Phone #</b> <b>Fax #</b>
<b>Date of Employment</b>	<b>Job Title</b>	<b>Wage/Salary per</b>	
<b>From:</b> <b>Responsibilities:</b>	<b>To:</b>	<b>Exact Reason For Leaving</b>	

<b>Company Name</b>	<b>Address</b>	<b>Supervisor</b>	<b>Phone #</b> <b>Fax #</b>
<b>Date of Employment</b>	<b>Job Title</b>	<b>Wage/Salary per</b>	
<b>From:</b> <b>Responsibilities:</b>	<b>To:</b>	<b>Exact Reason For Leaving</b>	

**EDUCATION**

<b>High School Graduate</b>	<b>Yes</b>	<b>No</b>	<b>GED</b>	<b>Yes</b>	<b>No</b>
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Post Secondary Education Name of College, School or University	Total Number of Hours	Type of Training or Major	Name of Certificate or Degree Received

**RELEASE OF INFORMATION STATEMENT**

I understand that consideration for the Nursing Assistant Program is contingent on the results of a reference and background check. I authorize Marian Estates to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed reference, or any other persons who can verify information. I further authorize Marian Estates to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each such persons and former employer from liability for providing such information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsifications and/or omissions in any details are grounds for disqualification from consideration for employment or if hired, for dismissal from employment. I further understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no recruiter or interviewer or other representative of Marian Estates, other than the company owner, has any authority to enter into any agreement for employment for any specified period of time.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_



390 Church St.  
Sublimity, OR 97385  
503-769-3499 phone  
503-769-3569 fax

REFERENCE INFORMATION RELEASE FORM to: \_\_\_\_\_  
(Company)

\_\_\_\_\_ has applied for a Nursing Assistant Program with our company, and has listed your business as a reference. We would appreciate your assistance in providing the following information. Please fax back to 503-769-3569 or mail to 390 Church St, Sublimity, OR 97385.

Sincerely,

Sherrie Ashley  
Human Resources Assistant

RELEASE OF INFORMATION STATEMENT BY APPLICANT

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Marian Estates to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify information. I further authorize Marian Estates to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorized all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each such person's former employer from liability for providing such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

TO BE FILLED OUT BY PREVIOUS EMPLOYER:

Company Name: \_\_\_\_\_

PLEASE COMMENT ON THE FOLLOWING :(Please circle one)

Compliance with policies and procedures:	Excellent	Average	Poor
Relationships with Residents/Customers:	Excellent	Average	Poor
Initiative and Enthusiasm:	Excellent	Average	Poor
Willingness to Accept Assignments:	Excellent	Average	Poor
Attendance and Punctuality:	Excellent	Average	Poor
Overall Work Performance:	Excellent	Average	Poor

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Would you rehire this individual? If no, why? \_\_\_\_\_

Other Comments: \_\_\_\_\_

Name of Contact \_\_\_\_\_ Title \_\_\_\_\_