



Mountain Memories

Assisted Living & Retirement Center

A Subsidiary of ERCC

"Where Age is a State of Mind"

EMPLOYMENT APPLICATION

301 Wilson Lane
Elkins, WV 26241

www.Mountain-Memories.biz
Formerly Colonial Place Assisted Living & Memory Care
An Equal Opportunity Employer and a Drug-Free Workplace

Phone/Fax
304.636.8600

PERSONAL INFORMATION

Name _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div>			Social Security Number
Address			Home Phone Number
City / State / Zip			Cell Phone Number
Email Address			Referred By

DRIVER'S LICENSE INFORMATION

Name exactly as it appears on Driver's License	Issuing State	License Number	Date of Expiration	Endorsement(s)

EMPLOYMENT DESIRED RNs / LPNs / CNAs / NAs 12 hour Shifts – 7a-7p Day Shift & 7p-7a Night Shift

Job title of the position for which you are applying? Enter 1 st & 2 nd choice below:			Will you accept employment of: Full-Time (FT) <input type="checkbox"/> Part-Time (PT). <input type="checkbox"/> Partial PT (< 30 hrs/wk).. <input type="checkbox"/>
Choice	Shift	Wage Desired	
1 st	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Evening Shift		
2 nd	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Evening Shift		

AVAILABILITY INFORMATION

Date Available _____	If less than 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you available to work: Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No On Call: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION / TRAINING

School	Name Address	Did you Graduate?	Graduation Date	Diploma, Degree, Certificate Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

VERIFICATION

Type	Organization or State Issued	Date Issued	License Number	H.R. Initials

MILITARY RECORD

Branch	Entry Date	Separation Date	Discharge Status	Military Occupational Specialty	Commendations

EMPLOYMENT HISTORY - BEGINNING WITH PRESENT OR MOST RECENT

Company Name	Employed From Month / Year	Employed To Month / Year
Company Address, City, State, Zip Code	Phone Number	Immediate Supervisor
Position Title	Salary	Supervisor's Title
Job Description & Responsibilities		

May we contact the above named company for references? Yes No

EMPLOYMENT HISTORY

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Company Address, City, State, Zip Code	Phone Number	Immediate Supervisor
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Job Description & Responsibilities		

May we contact the above named company for references? Yes No

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Job Description & Responsibilities		

May we contact the above named company for references? Yes No

PRIOR NURSING / LONG-TERM CARE / ASSISTED LIVING FACILITIES EMPLOYMENT

Please list all nursing / long-term care / assisted living facilities where you have been employed.

Name	Location

ELKINS REHABILITATION & CARE CENTER STATEMENT

Elkins Rehabilitation & Care Center does not discriminate in hiring on the basis of race, color, sex, citizenship, national origin, ancestry, military era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

APPLICANT ACKNOWLEDGEMENT AND ACCEPTANCE OF BACKGROUND INVESTIGATION PROCESS

I voluntarily give Elkins Rehabilitation & Care Center the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I release all liability and/or responsibility of all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as ERCC shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will. I understand that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing in this application form. If employed, I will be required to complete an Employment Verification Form (I-9), **and within three days show satisfactory evidence of identity and eligibility for employment.**

I further understand that employment will be contingent on passing the Substance Abuse Screening.

APPLICANT'S SIGNATURE _____ **DATE** _____

CENTRAL ABUSE REGISTRY

"All service providers in the State of West Virginia are subject to provisions of law creating a central abuse registry. Any person providing services for compensation to children or to incapacitated adults or to adults receiving behavioral health services, who is convicted of a misdemeanor or felony offense constituting abuse, neglect or misappropriation of property of a child or an incapacitated adult or an adult receiving behavioral health services, is subject to listing on the central abuse registry. The fact that a person is listed on the registry may be disclosed in specific instances provided by law. Listing on the registry may limit future employment opportunities, including opportunities for employment with residential care facilities, day care centers and home care agencies. It is the policy of Elkins Rehabilitation & Care Center to promptly report all suspected instances of abuse, neglect, or misappropriation of property to the proper authorities and to cooperate fully in the prosecution of these offenses."

ACKNOWLEDGEMENT OF POSSIBLE SCHEDULE CHANGES

► I understand that conditions may require me to temporarily work shifts other than the one for which I am regularly scheduled. I agree to such scheduling change as directed by the Department Director or Administrator or their designee, of this facility.

APPLICANT'S SIGNATURE _____ **DATE** _____

REFERENCES

PLEASE LIST THREE REFERENCES YOU HAVE KNOWN FOR AT LEAST ONE YEAR WHO ARE NOT FORMER EMPLOYERS OR RELATIVES.

Name	Relationship	Address, City, State, Zip Code
Company Name, if applicable	Title	Phone Number(s)
Name	Relationship	Address, City, State, Zip Code
Company Name, if applicable	Title	Phone Number(s)
Name	Relationship	Address, City, State, Zip Code
Company Name, if applicable	Title	Phone Number(s)

REFERRAL INFORMATION

Elkins Rehabilitation & Care Center appreciates your application with our organization. Please take a moment to complete the referral questions below by marking the area that best describes how you became aware of the position(s) for which you have applied (check all that apply).

- I am a former employee of ERCC Colonial Place Mountain Memories.
- Newspaper Radio Television Social Media ERCC Web Page Job Fair Friend
- Other _____

APPLICANT'S SIGNATURE _____ **DATE** _____