

An Equal Opportunity Employer

# CRYSTAL BLUFFS REHABILITATION & HEALTH CARE CENTER

## PRE-EMPLOYMENT APPLICATION

Please Read Before Filling Out This Application

CRYSTAL BLUFFS  
REHABILITATION &  
HEALTH CARE CENTER  
4010 Bridges Street Extension  
Morehead City, NC 28557  
252-726-0031  
fax 252-726-5831

We appreciate your interest in working for Crystal Bluffs Rehabilitation & Health Care Center. As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, color, sex, age, religion, disability or national origin. **We advise that we will check and hold you responsible for the accuracy of the statements you make on this application.**

This application will receive active consideration for **ninety (90) days**. If you have not heard from Crystal Bluffs Rehabilitation & Health Care Center within **ninety (90) days** and wish to receive further consideration for employment, it will be necessary to complete another application form.

### PERSONAL DATA

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Are you 18 years or older? Yes  No

Address \_\_\_\_\_

Length of Time at This Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

List previous address if address has changed during the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If related to anyone in our employment, state name, relationship and department \_\_\_\_\_

Have you ever used another name? Yes  No  If so, what other names? \_\_\_\_\_

Is any additional information relative to any change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational records? Yes  No  If yes, please explain: \_\_\_\_\_

If hired, can you provide proof that you are over 18 years of age? Yes  No

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? Yes  No  (Please request a job description for the position for which you are applying)

Do you have adequate transportation to and from work? Yes  No

### EMPLOYMENT DESIRED

**(YOU MUST APPLY FOR A SPECIFIC JOB. DO NOT PUT "ANY POSITION AVAILABLE".  
IF SO, THIS APPLICATION WILL BE REJECTED.)**

Hours I can work:  7 am – 3 pm  3 pm – 11 pm  11 pm – 7 am  Other \_\_\_\_\_

Job Applied For \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied here before? Yes  No  If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

## WORK HISTORY

Please list the names of your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

<b>EMPLOYER:</b>	<b>DATES</b>		Work Performed:
	From	To	
Address:			
Job Title:	<b>Hourly Rate / Salary</b>		
	Starting	Final	
Supervisor's Name & Phone #:			
Reason for Leaving:			
<b>EMPLOYER:</b>	<b>DATES</b>		Work Performed:
	From	To	
Address:			
Job Title:	<b>Hourly Rate / Salary</b>		
	Starting	Final	
Supervisor's Name & Phone #:			
Reason for Leaving:			
<b>EMPLOYER:</b>	<b>DATES</b>		Work Performed:
	From	To	
Address:			
Job Title:	<b>Hourly Rate / Salary</b>		
	Starting	Final	
Supervisor's Name & Phone #:			
Reason for Leaving:			
<b>EMPLOYER:</b>	<b>DATES</b>		Work Performed:
	From	To	
Address:			
Job Title:	<b>Hourly Rate / Salary</b>		
	Starting	Final	
Supervisor's Name & Phone #:			
Reason for Leaving:			

Have you ever been dismissed or asked to resign from any job held? Yes  No  If yes, please explain: \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

May we contact your present employer for a referral? Yes  No

## EDUCATION

Name of School	Address: City & State	Major Subject	Last Year Completed	Date Graduated
<i>High</i>			1   2   3   4	
<i>College</i>			1   2   3   4	
<i>Trade / Business</i>			1   2   3   4	

## EXPERIENCE, etc.

Summarize Special Skills and Qualifications Acquired from Employment or other Experience: \_\_\_\_\_

\_\_\_\_\_

Have you ever pled guilty or "no contest" to, or been convicted of a misdemeanor or felony? Yes  No  If yes, please give the date(s) and details: \_\_\_\_\_

\_\_\_\_\_

Have you been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?

Yes  No  If yes, please give the date(s) and details: \_\_\_\_\_

Have you had any adverse legal actions imposed by Medicare, Medicaid, any licensing board or any other Federal Agency program?

Yes  No  If yes, explain: \_\_\_\_\_

*Note: Answering "Yes" to these questions does not constitute any automatic bar to employment. Factors such as age and time the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. In answering these questions, do not include the following: (1) minor traffic infractions, (2) convictions for which the record has been sealed or expunged, referrals to or participation in any diversion programs.*

## APPLICANT'S STATEMENT & AGREEMENT

All offers of employment from Crystal Bluffs Rehabilitation & Health Care Center are contingent upon the successful completion of pre-employment references, drug testing, criminal background investigation, and licensures and education verification (as applicable).

I understand that all applicants must provide documents proving U.S. citizenship or eligibility to work legally in the U.S. within three (3) days of employment.

Pursuant to Crystal Bluffs Rehabilitation & Health Care Center policies, we may not employ any individual who has been suspended, excluded, debarred or is otherwise ineligible to participate in any federal reimbursement program.

**Work Rules.** In the event of my employment with Crystal Bluffs Rehabilitation & Health Care Center, I agree to comply with all rules and regulations of Crystal Bluffs Rehabilitation & Health Care Center. I understand that I may be required to work alternate shifts if requested by my supervisor.

**Drug/Alcohol Test.** I understand that Crystal Bluffs Rehabilitation & Health Care Center reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. Should I be extended an offer of employment, I understand that I will be scheduled for a drug test prior to my start date. If that test is positive, I will not receive an offer of employment. In the event an offer of employment has already been made, a positive test result may result in the withdrawal of that offer of employment. If I refuse to take the test, my application for employment shall be deemed withdrawn.

**Medical Examination.** I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to Crystal Bluffs Rehabilitation & Health Care Center. I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

**Background Investigation.** I understand that Crystal Bluffs Rehabilitation & Health Care Center's consideration of my application includes an investigation such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

For the purposes of the criminal background investigation, I have listed the counties and states where I have lived during the past five (5) years:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**At Will Employment.** If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by Crystal Bluffs Rehabilitation & Health Care Center at any time and for any reason whatsoever, with or without good cause at the option of either Crystal Bluffs Rehabilitation & Health Care Center or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and Crystal Bluffs Rehabilitation & Health Care Center.

**Arbitration:** Any controversy or claim arising out of, or relating to, this Pre-Employment Application shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect in the State of North Carolina and judgment upon any arbitration award may be entered into in any court having jurisdiction thereof. The arbitration shall be held in Wake County, North Carolina.

I hereby authorize Crystal Bluffs Rehabilitation & Health Care Center, either on its own or by and through an agent, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, such as criminal convictions and background, and further, authorize my present employer or any former employer or any other party, including any Government or law enforcement agency and the references I have listed, to disclose to Crystal Bluffs Rehabilitation & Health Care Center any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure, except those which would indicate age, race, color, sex, or national origin. In addition, I hereby release Crystal Bluffs Rehabilitation & Health Care Center, and I understand that false statements or consequential omissions of any kind are sufficient grounds for denying employment or for dismissal.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

I understand that if I have any questions regarding this agreement, I may ask a Company representative before signing.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND AGREEMENTS AND UNDERSTAND THE SAME. MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name #1: \_\_\_\_\_ Phone # \_\_\_\_\_  
Occupation: \_\_\_\_\_ Time known? \_\_\_\_\_  
Name #2: \_\_\_\_\_ Phone # \_\_\_\_\_  
Occupation: \_\_\_\_\_ Time known? \_\_\_\_\_  
Name #3: \_\_\_\_\_ Phone # \_\_\_\_\_  
Occupation: \_\_\_\_\_ Time known? \_\_\_\_\_

**PROFESSIONAL / CERTIFIED PERSONNEL**

Certificate / License Number \_\_\_\_\_ Renewal Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Has your license ever been suspended, revoked or denied in any state? Yes  No  If yes, explain: \_\_\_\_\_  
Are you currently under investigation? Yes  No  If yes, explain: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**— COMPANY USE ONLY —**

DO NOT WRITE BELOW THIS LINE

Disposition \_\_\_\_\_  
Job Classification \_\_\_\_\_  
Date Employed \_\_\_\_\_  
Starting Rate \_\_\_\_\_ per \_\_\_\_\_  
Department \_\_\_\_\_  
Clock # \_\_\_\_\_

Is application complete & signed? Yes  No   
Is drug test complete with acceptable results? Yes  No   
Licenses/Certifications verified & in good standing? Yes  No   
Local law enforcement record received? Yes  No   
Minimum of one work reference checked? Yes  No   
Interview completed? Yes  No   
New employee notification form completed and signed by employee? Yes  No   
Sex offender registry checked? Yes  No

Application information checked by: Name \_\_\_\_\_ Date \_\_\_\_\_

Has applicant been TJTC screened? Yes  No