

Moundridge Manor

Our mission is to represent and
promote the Church of God in
Christ, Mennonite's vision of
providing individualized
physical and spiritual care to
those we serve in the
Spirit of Joy.

Moundridge Manor

710 N. Christian Ave
PO Box 800
Moundridge, KS 67107-0800
(620) 345-6364

NAME: Last, First, Middle

Position

Date

PERSONAL INFORMATION

Name: _____
 Last First Middle

Present Address: _____
 Street City State Zip Code

Permanent Address: _____
 Street City State Zip Code

Email Address: _____ Phone Number: _____
 If you cannot be reached at above phone number, where may we contact you? Phone: _____ Name of Person: _____

EMPLOYMENT DESIRED

Type of work desired	Shift	Salary	How Did You Learn Of This Opening? _____		
First Choice			Will You Accept Employment of:	Full time	Part Time
Second Choice				<input type="checkbox"/>	<input type="checkbox"/>
Choice			If Under 18 Yr. of Age, Do You Have a Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Available _____					

EDUCATION/TRAINING

School	Name and Address of School	Courses Taken	Did you Graduate?	Diploma, Degree, or Certificate Received
High School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _____	
Lab or X-Ray Training	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date _____	

Other Classes/Training _____

Extracurricular Activities While in School _____
 Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which you feel are Related to the Position for Which You are Applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization of State Issued	Date Issued	Number	Verification
Type	Organization of State Issued	Date Issued	Number	
Type	Organization of State Issued	Date Issued	Number	
Type	Organization of State Issued	Date Issued	Number	
Type	Organization of State Issued	Date Issued	Number	
Type	Organization of State Issued	Date Issued	Number	

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Date employed			
	Month	Year	Month	Year
	From		To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities:

May we contact for reference?
 Yes No

Company Name	Date employed			
	Month	Year	Month	Year
	From		To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities:

May we contact for reference?
 Yes No

Company Name	Date employed			
	Month	Year	Month	Year
	From		To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities:

May we contact for reference?
 Yes No

Company Name	Date employed			
	Month	Year	Month	Year
	From		To	
Address (Street, City, State, Zip Code)	Phone	Starting Salary	Ending Salary	
		\$	\$	
Position Title	Immediate Supervisor's Name and Title			

Job Description & Responsibilities:

May we contact for reference?
 Yes No



Have you ever been convicted of a crime?

Yes No If so what, when, and where?

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

REFERENCES				LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS			
Name and Relationship		Title		Company Name & Address		Telephone	

Please Indicate Days and Hours You Are Available For Work (Be Specific)				Primary position desired _____			
				Will you accept another position _____			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				If so what? _____			
				Are you available to work:			
Sun.		AM	PM	Weekends		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mon.		AM	PM	Rotating Shifts		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tues.		AM	PM	Holidays		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wed.		AM	PM	On Call		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thurs.		AM	PM	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to a scheduling change as directed by my Manager or Administrator of the Moundridge Manor.			
Fri.		AM	PM				
Sat.		AM	PM				
		PM	PM				

If your availability status changes, it is your responsibility to notify your Department Head or the Administrator. Such changes will be effective then for any future employment.

Moundridge Manor does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam 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.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility 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 the institution 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, and 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 on 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.

Applicant's Signature

Date