

BRYAN MANOR / PENTA GROUP INC.

2150 E. McCord
P.O. BOX 568
CENTRALIA, IL 62801
PH (618) 918-3770 FAX (618) 532-0125

Application for Employment

To Applicant: We deeply appreciate your interest in our organization. Thank you for taking time to complete this application. Complete employment history and personal references are required. Incomplete applications will not be processed.

(PLEASE PRINT CLEARLY)

PERSONAL

Date _____

Name _____
Last First Middle

For checking prior records, provide other names under which you have worked or attended school

Cell Phone Number _____

Home Phone No. _____ Email Address: _____

Address _____
No. Street Apt. # City State Zip

Applying for: Full Time _____ Part Time _____ Relief (PRN) _____ Dining Asst AM _____

Shift Preferred: DSP/Nursing: (12hr. shifts): Days _____ Nights _____ Dining Asst PM _____

Other Departments: Days _____ Evenings _____ Nights _____

Have you ever worked for us? Yes ___ No ___ If yes, list the month/year _____

List friends and/or relatives currently employed by us? _____

Have you ever been convicted of any criminal offense other than a minor traffic violation?

Yes _____ No _____

If yes, please give the conviction date and nature of the offense. _____

If you are offered employment, on what date will you be available for work? _____

How were you referred: _____ (Please list one name only)

Friend/Acquaintance: ___ Newspaper: ___ Facebook/Social Media: ___ Sign: ___ Other: ___

Please indicate the position(s) you are applying for:

Direct Support Personnel/ Nurse Aid _____

Activity Aide _____

Dining Assistants _____

Cook /Dietary Aide _____

Licensed Registered Nurse _____

Laundry Aide/Housekeeper _____

Licensed Practical Nurse _____

Maintenance _____

Nurse Clerk/ CNA _____

Clerical _____

Physical Therapy/Occupational Therapy Aide _____

Case Manager/ QIDP _____

List below present and past employment, beginning with your most recent.

EMPLOYMENT HISTORY

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Describe job duties:					
City						
State Zip Code						
Telephone						
May we contact your employer? Yes ___ No ___						

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Describe job duties:					
City						
State Zip Code						
Telephone						
May we contact your employer? Yes ___ No ___						

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Describe job duties:					
City						
State Zip Code						
Telephone						
May we contact your employer? Yes ___ No ___						

Name and Address of Company	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Describe job duties:					
City						
State Zip Code						
Telephone						
May we contact your employer? Yes ___ No ___						

EDUCATION HISTORY

School	Name and Address of School	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree
High School		1	2	3	4		
College		1	2	3	4		
Other		1	2	3	4		

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

YOUR ARE CURRENTLY: Registered Licensed Certified

YOU ARE ELIGIBLE FOR: Registration Licensure Certification

	Type:	State Issued:	Date Issued:	Expiration Date:	Number:
	Type:	State Issued:	Date Issued:	Expiration Date:	Number:

THREE REFERENCES

Type of Reference	Relationship to You Ex: (previous employers, coworkers, teachers, instructors, neighbors, friend) *Please do NOT use Relatives	Name	Phone Number
Professional			
Professional			
Personal			

****IF WE ARE UNABLE TO REACH YOUR REFERENCES, THE EMPLOYMENT PROCESS MAY BE DELAYED.**

ATTENDANCE AND PUNCTUALITY INFORMATION

IF YOU WERE OFFERED A JOB, DO YOU HAVE ANY CIRCUMSTANCES THAT MAY INTERFERE WITH YOUR JOB ATTENDANCE OR PUNCTUALITY? Yes No If yes, please explain:

POSITION CRITERIA

ARE YOU WILLING TO WORK AT ANY OF OUR 4 LOCATIONS AS NEEDED:
 Bryan Manor, Diamondview, Park Place, or Lynwood Estates Yes No

ARE YOU WILLING TO PROVIDE CARE TO INDIVIDUALS SUCH AS:
 Helping individuals who are unable to toilet themselves. Yes No
 Helping individuals who are unable to feed themselves. Yes No

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT HAVE BEHAVIORAL CHALLENGES IF:
 There is a possibility that an individual may hit, kick, or bite you. Yes No
 Someone exhibits inappropriate sexual behavior or uses profanity. Yes No

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT HAVE PHYSICAL CHALLENGES BY:
 Lifting and/or assisting individuals that are non-ambulatory (cannot walk). Yes No
 Learning to use mechanical devices to assist individuals. Yes No

ARE YOU WILLING TO ASSIST INDIVIDUALS THAT NEED MEDICAL ASSISTING OR LIFTING INDIVIDUALS WITH GASTRO-TUBES, CATHETERS, OR IVs? Yes No

Are you able to lift 50 pounds by yourself and over 50 pounds with assistance from another person? Yes No

WE ARE A 24hr/day, 365-days/year FACILITY- WORKING WEEKENDS, HOLIDAYS, AND WORKING OVER YOUR SCHEDULED SHIFT IS A REALITY.
 Are you able to work weekends, holidays and hours over the length of your shift? (schedule varies by department) Yes No

Do you have a valid driver's license? Yes No License No. _____ **** This is not a job requirement****

No matter what shift you are applying for, much of the required training takes place during the hours of 8:00am and 7:00pm (but no longer than 8 hours per day) Monday through Friday.
 Are you available during those times to attend the required training? Yes No

SIGNATURE

APPLICANT CERTIFICATION AND RELEASE. ALL APPLICANTS MUST READ AND SIGN BELOW:

I certify that all information I have provided in order to apply for and secure work with Bryan Manor is true, complete, and correct.

This application for employment should be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If we are interested in setting up an interview with you, we will call you. This process takes time so **PLEASE DO NOT CALL** to check on the status of your application.

If I am hired, I understand that my employment relationship with Bryan Manor is of an "at will nature". This means I am free to resign at any time, with or without cause and without prior notice. Bryan Manor reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. It is further understood that this "at will" employment relationship may not be changed by any written documentation. I understand that no supervisor or representative of Bryan Manor is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, may be sufficient cause to (i) cancel further consideration of this application, (ii) immediately discharge me from Bryan Manor, whenever it is discovered.

I understand that to be considered for any position, I will have to submit a Uniform Conviction Identification Act (UCIA) Request to the Illinois State Police for a background check under the Health care Worker Background Act. I understand that I have a right to obtain a copy of the criminal records report from Bryan Manor, to challenge the accuracy of the report. A copy of the disqualifying convictions is available at the Reception Desk.

I understand that the Department of Public Health Nurse Aide Registry will be contacted to verify that I have no findings of abuse, neglect or misappropriation of the property, and to verify successful completion of training programs approved by IDPH.

I expressly authorize, without reservation, Bryan Manor, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Bryan Manor, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations, for furnishing such information about me.

I understand that I will be required to provide the following documentation at the time of my first interview: Driver's License or State ID, Social Security Card or Birth Certificate, INS authorization to work (if applicable), and if requested, a certified copy of high school transcripts or certified copy of a GED certificate and/or college transcripts.

Bryan Manor is a Smoke-Free and Drug-Free environment. I understand that according to Bryan Manor's policy that I am subject to be tested for illegal substances as specified in the employee handbook

Bryan Manor considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT CERTIFICATION AND RELEASE

My signature on this document certifies that I have read, fully understand, and accept all terms of the foregoing Applicant Certification and Release Statement.

Date: _____ Signature: _____