



8290 West "C" Avenue
Kalamazoo, Michigan 49009
(269) 343-2587 phone (269) 343-7707 fax

Name (First, Middle, Last): _____

Today's Date: _____

Position you are interested in: RN: _____ LPN: _____ CNA: _____ Other: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Are you 18 or older? _____

Have you ever worked for Alamo Nursing Home before? _____

Have you ever worked under another name? If so, what name did you use?

Where did you attend school? _____

What formal education do you have? _____

What training/experience do you have that is related to this type of work? _____

Have you ever been convicted of a crime? _____ A felony, within the last 15 years? _____

****Falsifying information in the above questions requires Alamo Nursing Home to report it to the Michigan State Police and it will be treated as a Misdemeanor.****

Do you have any relatives, or know anyone currently employed by Alamo Nursing Home? If so, who?

Please list your previous three employers, their phone numbers, and dates of employment:

1) _____

2) _____

3) _____

I certify that all the above information is, to my knowledge, correct and complete.

Signature of Applicant: _____

*****DO NOT WRITE BELOW THIS LINE*****

Position hired for: _____ Start Date: _____

Full time: _____ Part time: _____ Shift: _____

Supervisor signature: _____ Date: _____



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Complete all that apply

CNA

Are you CNA certified in the state of Michigan? _____

Certification Number: _____

Expiration Date: _____

Are you CNA certified in any other state? _____

Registered Professional Nurse

Are you a Registered Professional Nurse in the state of Michigan? _____

License Number: _____

Expiration Date: _____

Are you licensed in any other state? _____

Licensed Practical Nurse

Are you a Licensed Practical Nurse in the state of Michigan? _____

License Number: _____

Expiration Date: _____

Are you licensed in any other state? _____

Other (specify): _____

Other state you are licensed or registered in: _____

License Number(s): _____



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AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I have made application for employment with Alamo Nursing Home, Inc. and desire that they be fully informed as to my previous employment record.

I hereby authorize any former employer to release to Alamo Nursing Home, Inc. any information contained in my employment file upon request.

I specifically waive prior written notice of disclosure or record information including disciplinary reports, letters of reprimand, or other disciplinary actions.

I also release my former employers from all claimed liability arising out of such response and disclosure.

Print Name: _____

Social Security Number: _____

Applicant Signature: _____

Date: _____