



## APPLICATION PROCESS

- I. Submit application.
- II. Initial interview will be performed after application is reviewed (personal references, work references, criminal background check and C.N.A. registry status). Your eligibility of employment is dependent upon verification of the information you have provided.
- III. A second interview will begin the hiring process.

\*Please be sure to **include all phone numbers** for work and personal references listed, sign the criminal background check sheet, and pre-employment drug screen. Be sure to include **ALL** work history. (You may write addition information on the back of the application if you need to).

Thank you!

J.G. Alexander Nursing Center

APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Street or P.O. City State Zip Code

Email Address: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

Have you been convicted of a crime in the past 5 years which resulted in imprisonment? (A conviction will not necessarily disqualify you for the job applied for). Yes \_\_\_ No \_\_\_ If yes, describe in full:

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

Were you previously employed by us? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Can you work full time? \_\_\_ Part time? \_\_\_ Specify days and hours: \_\_\_\_\_

Who would we notify in case of any emergency? List name, address, and telephone number:

\_\_\_\_\_

Record of education	Grade school and High School	College/Other
Circle highest grade		
Completed:	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6

Are there any other experiences, skills or qualifications which you feel would qualify you for the position applied for?

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

Professional License No. \_\_\_\_\_ Type \_\_\_\_\_

Certification No. (If applicable) \_\_\_\_\_ Type \_\_\_\_\_

Personal References (Not former employers or relatives)

Name and Occupation:	Phone Number:	Email Address:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Employment History

(List all present and past employment, beginning with your most recent)

Employer Name: \_\_\_\_\_ Dates Employed: Start Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ End Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe in detail the work you did: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates Employed: Start Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ End Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe in detail the work you did: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates Employed: Start Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_ End Month \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe in detail the work you did: \_\_\_\_\_

Application will not be considered active after 180 days from date of application unless the applicant appears in person to reapply. Applicants are considered without regard to race, age, sex, religion, national origin or disability.

I authorize investigation of all statements contained in this application for employment. I understand that this application is not intended to be a contract for employment. I understand that false or misleading information stated in this application shall be sufficient for discharge. I understand that if employed I am required to abide by all rules and regulations of the company. I understand that if employed I will be on a probationary basis for a specified period of time. In addition to any other reasons, during my probation period, I may be discharged for my inability to adapt to the requirements and duties of my employment.

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

**J. G. Alexander Nursing Center**

Phone (601) 774-5065

25112 Highway 15

Union, MS 39365

**PERMISSION FOR BACKGROUND CHECK  
CRIMINAL RECORDS**

I hereby give my permission for the above named facility to conduct a background screening check/fingerprint with the law enforcement, previous employers, and any other persons to determine my suitability in working with patients/residents of J. G. Alexander Nursing Center.

I give my permission for the release of information from law enforcement files concerning any past history criminal offences with which I may have been charged or convicted.

I understand that the information will be released on any conviction, any pending charges, or any arrests, if I have been arrested two or more times.

I understand that J. G. Alexander Nursing Center has the right to require this record check as a condition of employment.

I understand I will be sent a copy of any information released from your files pursuant to this permission form that I have the right to challenge that accuracy and completeness of this information.

I understand that this information will be used only for employment purposes and will not be reproduced or distributed to other persons or used for any other purposes.

**Print Name:** \_\_\_\_\_  
Last First Middle Maiden

**Home Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **soc. sec.no.** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Previous Address (if changes within last 5 years):** \_\_\_\_\_

**Witness to Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**J. G. Alexander Nursing Center**

**CONSENT FOR PRE-EMPLOYMENT DRUG SCREEN**

I understand that it is JGANC's policy to prohibit the use, possession, transportation, sale of illegal or non-prescribed drugs and alcohol beverages on the premises.

My signature below constitutes my consent to provide a sample of my urine for a drug screen. I understand that the results of the drug screen will determine my eligibility for employment at JGANC.

I understand that the results of this drug screen will be kept confidential and will not be released without my written consent or as is otherwise permitted by law.

**Applicant's Signature:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**VOLUNTARY SELF-IDENTIFICATION  
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an Equal opportunity Employer and do not discriminate on the basis of race, color, religion, sex age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: (Circle appropriate response):    Male    Female  
Date of Birth: \_\_\_\_\_ Applicant's Zip Code: \_\_\_\_\_

**ETHNIC GROUP:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- \_\_\_\_\_ **American Indian or Alaskan Native**- A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- \_\_\_\_\_ **Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_\_ **Black or African American**- A person having origins in any of the Black racial groups of Africa.
- \_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_\_ **White**- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- \_\_\_\_\_ **Hispanic or Latino (All races)**- A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_\_ **Race missing or unknown**- Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

**Check if any of the following are applicable:**

\_\_\_\_\_ Vietnam Era Veteran    \_\_\_\_\_ Disable Veteran    \_\_\_\_\_ Disabled Individual

**Please identify where you learned about an employment opportunity with this organization.**

- |                         |                                     |
|-------------------------|-------------------------------------|
| _____ Newspaper ad      | _____ Tech School/College Placement |
| _____ Employee Referral | _____ Temporary Service             |
| _____ Recruiter         | _____ State Employment Service      |
| _____ Other             |                                     |

**J. G. ALEXANDER NURSING CENTER**  
**COVID-19 SCREEN**

**Type of screen:** Pre-Hire

**Date:** \_\_\_\_\_

**INFORMATION:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Have you had any respiratory s/s: fever (within the last 48 hours without meds), cough, sore throat, new shortness of breath? \_\_\_\_\_

Have you traveled internationally within the last 14 days? \_\_\_\_\_

Have you traveled out of state within the last 14 days? \_\_\_\_\_ If so, what state? \_\_\_\_\_

Have you been in contact with someone with or under investigation for COVID-19 \_\_\_\_\_

Any loss of taste or smell? \_\_\_\_\_

**COMMENTS:**

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(If answering yes to any of the above – comments must be made)

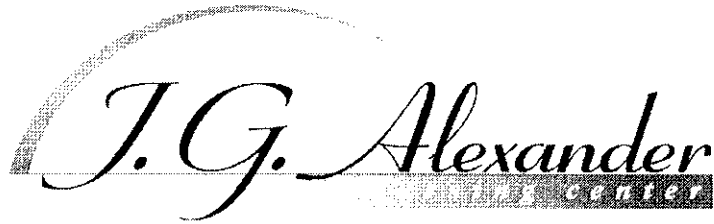
\_\_\_\_\_  
**INTERVIEWING NURSE**

\_\_\_\_\_  
**DATE**

I, the undersigned, certify the above answers are true and give permission to submit to a covid-19 test

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**



25112 highway 15  
Union, MS 39365  
Phone: (601) 774-5065  
Fax: (601) 774-5535

(This form needs to be signed by applicant – Nothing else needs to be filled out)

**Employer Reference Check:**

**Applicant Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Eligible for Rehire:** Yes \_\_\_\_ No \_\_\_\_

**Reference:**

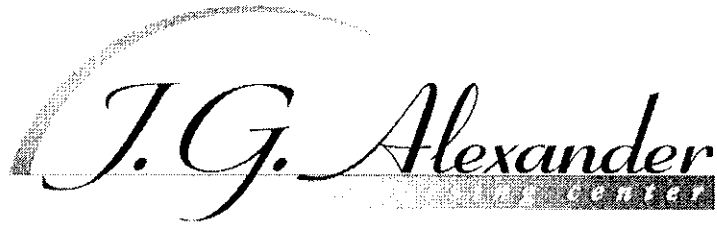
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Provided by:** \_\_\_\_\_

**Reference checked by:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_





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**Employer Reference Check:**

Applicant Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Eligible for Rehire: Yes  No

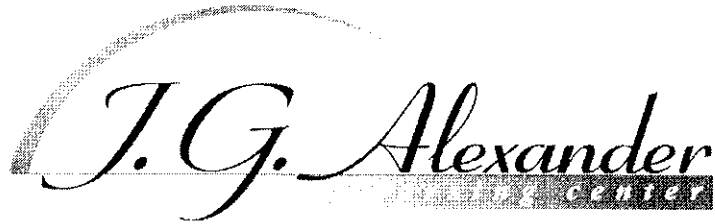
**Reference:**

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

Reference Provided by: \_\_\_\_\_

Reference checked by: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



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**Employer Reference Check:**

**Applicant Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Eligible for Rehire:** Yes  No

**Reference:**

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

**Reference Provided by:** \_\_\_\_\_

**Reference checked by:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_