



Cardinal Ritter Senior Services offers equal employment opportunities to all persons. It avoids discrimination either in the hiring process or in employment opportunities on the basis of race, color, ancestry, disability, age, sex, national origin, citizenship, military status, veteran status, or any other category protected by federal, state or local law.

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY	DATE
STREET ADDRESS	CITY	ZIP CODE	PHONE NO.	ALTERNATE NO.

Have you ever used any other names in the past? **YES ( ) NO ( )**. If you answer yes, please list all other names that you have used and the dates during which you used those names:

\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status? **YES ( ) NO ( )**. If hired, employees will be required to verify and complete employment eligibility verification (form I-9) in accordance with the Immigration Reform and Control Act of 1986, amended and effective November 21, 1991.

Can you perform all of the normal duties of the job for which you are applying? **YES ( ) NO ( )**. If no, please explain: \_\_\_\_\_

Are you willing to take a physical examination and/or drug test at our expense upon a conditional offer of employment? **YES ( ) NO ( )**.

Were you referred by a Cardinal Ritter Senior Services (CRSS) Employee? **YES ( ) NO ( )**.

If so, who? \_\_\_\_\_ which location/site? \_\_\_\_\_

POSITION(S) DESIRED	DATE YOU CAN START	SALARY DESIRED	SHIFT DESIRED
			1ST ( ) 2ND ( ) 3RD ( )

Are you willing to work: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ PRN \_\_\_\_\_ TEMPORARY \_\_\_\_\_

Have you worked for CRSS in the past? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever applied to work for CRSS? \_\_\_\_\_ When? \_\_\_\_\_

Would you be willing to work weekends? **YES ( ) NO ( )**

<b>HIGH SCHOOL</b>	<b>LOCATION</b>	<b>DIPLOMA</b>
<b>COLLEGE</b>	<b>LOCATION</b>	<b>DIPLOMA</b>
Semester Hours Completed _____ Major _____ Degree _____		
<b>TECHNICAL/VOCATIONAL SCHOOL</b>	<b>LOCATION</b>	<b>SPECIAL TRAINING/SKILLS</b>

List below your previous employers, listing your current or last employer first. If more than four, please list them on a separate page or include your resume. Please explain any lapses between times when employed. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. \_\_\_\_\_  
 Employer Address Telephone

\_\_\_\_\_

Job Title Work Performed Supervisor/Manager

\_\_\_\_\_

Employed From To Reason for Leaving Hourly Wage/Salary

\_\_\_\_\_

\*\* May we contact your present employer for reference? YES( ) NO( )

2. \_\_\_\_\_  
 Employer Address Telephone

\_\_\_\_\_

Job Title Work Performed Supervisor/Manager

\_\_\_\_\_

Employed From To Reason for Leaving Hourly Wage/Salary

3. \_\_\_\_\_  
 Employer Address Telephone

\_\_\_\_\_

Job Title Work Performed Supervisor/Manager

\_\_\_\_\_

Employed From To Reason for Leaving Hourly Wage/Salary

4. \_\_\_\_\_  
 Employer Address Telephone

\_\_\_\_\_

Job Title Work Performed Supervisor/Manager

\_\_\_\_\_

Employed From To Reason for leaving Hourly Wage/Salary

**ADDITIONAL INFORMATION**

Have you ever been convicted or pleaded guilty to a misdemeanor or a felony (other than parking violations)? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **(Check One)**

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket of the proceeding.

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

Has any surety company ever refused to issue or continue any bond on your behalf?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **(Check One)**

If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal. \_\_\_\_\_

A "YES" response to either of the two preceding questions will not necessarily disqualify you from consideration for employment with CRSS. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf, does not necessarily mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors, including the relationship of the conviction or bond refusal to the position for which you are applying, are all important considerations in the employment decision. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

Have you ever been reported to DCFs for child abuse or neglect? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Has anyone ever accused you of abusing or neglecting a resident or patient of a nursing home or health care facility? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **(Check One)**

If yes, please complete the following questions:

- 1. Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of resident or patient neglect or abuse.

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

- 2. Did any administrative or judicial proceedings arise out of the allegations of resident or patient neglect or abuse? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **(Check One)**

If yes, please specify the agency or court in which the proceeding was brought and its location, the parties to the proceedings, the docket number of the proceeding, and any judgment or resolution that was entered or reached:

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

- 3. Are you under the supervision of any federal, state, or local agency as a result of any allegations of resident or patient neglect or abuse? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **(Check One)**

A "YES" response to any of the above three questions will not necessarily disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment decisions.

**Cardinal Ritter Senior Services** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).
NAME OF COORDINATOR: <u>Human Resources Director</u> ADDRESS: <u>7601 Watson Rd. St. Louis, MO 63119</u> TELEPHONE #: <u>314-961-8000</u> Fax#: <u>314-961-1934</u>

### References- List Three

Name	Address	Telephone	Relationship
1.			
2.			
3.			

I grant permission to Cardinal Ritter Senior Services (CRSS), to thoroughly investigate my complete personal, educational and work histories and to verify all information that may be given in connection with my seeking of employment with CRSS. I also grant permission to CRSS to contact, in connection with my application and periodically thereafter if I am employed, the Missouri Department of Social Services and any other governmental agencies, organizations, corporations, entities or individuals that CRSS deems necessary in order to verify the combined accuracy of any information given in connection with this application. I agree to complete, in connection with my application and periodically thereafter if I am employed, any and all forms required by CRSS (including, but not limited to an application for patient or resident abuse or neglect screening form to be submitted to the Missouri Department of Social Services). In addition, I release CRSS and its agents from liability for any acts or omissions occurring during either such investigation or verification, or both. I further release any one or more individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to the inquiries of CRSS about me. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information obtained during that investigation or verification. Upon the termination of my employment with CRSS, regardless of when, how or why my employment is terminated and regardless of whether CRSS or I terminate it, I authorize the release of information on all aspects of my employment history with CRSS and release CRSS and all of its agents from any and all liability resulting from the disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of sixty (60) days. I recognize that, if I wish to be considered for employment after sixty(60) days, I must complete a new application for employment.

Moreover, if I am offered employment by CRSS, I understand and agree that my employment will be based upon mutual agreement and that either CRSS or I may terminate my employment at any time and for any reason. I understand that no supervisor, agent or representative of CRSS, other than the Administrator, has any authority to enter into any written employment agreement with me for any period of time, or to make any written agreement contrary to the foregoing. I further understand that no supervisor, agent or representative of CRSS, including its Administrator, has any authority to enter into any oral employment agreement with me for any period of time, or to make any oral agreement contrary to the foregoing. In consideration of my employment, I agree to conform to the rules and regulations of CRSS.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of CRSS, to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_