



Maryhill Manor

Employment Application

Do you need any accommodation to participate in the application or interview process? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, OR DISABILITY.

PERSONAL INFORMATION

NAME	Social Security #
Street Address	City/State/Zip
Phone Number	Job(s) you are interested in:
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give dates, offenses, and disposition)	Have you ever been convicted of mistreatment, neglect, or abuse of nursing home residents or misappropriation of their property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been excluded from participation in any federal or state Medicare, Medicaid or any other third party payor program or have such pending actions? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, a letter showing reinstatement is required for further consideration for employment.</small>	If an offer of employment is made, I agree to allow Maryhill Manor to have a criminal background check conducted. <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____

EDUCATION and TRAINING

Please check all those that apply:

Have not completed high school. List highest grade completed: _____

High School Graduate

Vocational Training. List program completed and year completed:

College. List degrees and year of completion:

Military Service. List years of service: _____

List any other education or training:

WORK EXPERIENCE

(please list most recent first)

Company Name	Address
Supervisor's Name	Job Description (include duties, skills, equipment used)
Dates of employment (Start and end dates)	Phone number
Reason for leaving	Who do we contact for reference

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MARYHILL MANOR

Our Mission Statement

Maryhill Manor, inspired by the Sisters of Mary of the Presentation, serves those in our care with respect and compassion as we strive to fulfill the healing mission of Jesus.

Our Values

Relationships are purposely developed and nurtured among residents, families, staff, and community. Consistent relationships between residents and staff build trust and enhance continuity of care.

Environment is homelike, offering Christ-like hospitality to enhance socialization, independence, and dignity.

Stewardship is using responsibly all of our God-given gifts.

People directed Care honors and respects residents' choices, encourages them to maintain control of their lives and preserves human dignity.

Ethical Care is guided by the Ethical & Religious Directive for Catholic Healthcare Services in all our decision-making. We act on behalf of justice for all, especially for the poor and most vulnerable in society.

Compassionate care calls us to love and respect those in our care as Jesus would, recognizing the individuality of each person and responding to their physical, emotional, spiritual and social needs.

Teamwork commits us to the common good by serving with Spirit-filled joy and integrity. All team members are individually responsible for promoting an atmosphere of service and open communication among residents, family and staff.

Commitment to Our Mission by Potential Employee

By signing this document I hereby state that I have read, understand and commit myself to put into action Maryhill Manor's Mission and Values at work if I am hired to work at Maryhill Manor.

Signature _____ Date _____

ADDITIONAL INFORMATION

Volunteer work I have done:
Any additional information, such as special skills, licenses, etc.
Additional references (names/address/phone number of persons not related to you)
Reasons why I am interested in working at Maryhill Manor:

Please feel free to provide any additional information you would like us to know:

Important Notices to applicants:

1. Information that you provide on this application is subject to verification. Previous employers may be contacted as reference.
2. Maryhill Manor is a smoke-free facility. Smoking is prohibited by law in our workplace and on our grounds. N.D.C.C. 23.12.10.1(3)
3. If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and nonimmigrants. You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.

1. Have you ever had any convictions for mistreatment, neglect or abuse of an elderly person or someone within your care, or misappropriation of another person's property?

_____YES _____NO

2. If an offer of employment is made, I agree to give a release to Maryhill Manor allowing them to have a criminal background check conducted.

_____YES _____NO

Applicant's Certifications

I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that this is an application for employment and that no employment contract is being offered.

I further understand that as a condition of employment I may be required to submit to a drug test according to Maryhill Manor standards and if my drug test results are unsatisfactory, I will not be employed by Maryhill Manor.

I hereby authorize Maryhill Manor to investigate all matters contained in this application and to contact prior employment to obtain any and all information related to my past work performance.

If employed, I agree to abide by all Maryhill Manor rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.

I understand that I am required to immediately notify Maryhill Manor if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.

Applicant's Signature: _____ **Date:** _____