

BISHOP GADSDEN



1 Bishop Gadsden Way • Charleston, SC 29412
Phone: (843) 406-6297 • Fax: (843) 406-6646

Application for Employment

(Application active for 60 days or until job is filled, whichever is earlier. We are an Equal Opportunity Employer)

This is not a contract for employment. Your contract at Bishop Gadsden remains at-will.

Please print and answer all questions.

Date Of Application: _____

PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Preferred Name	
Address (Street, City, State, Zip Code)			
Phone Number		Cell Phone Number	
If we are unable to contact you, name of someone who knows how to contact you			Contact's Phone Number
How Did You Learn Of This Opening?			
Are you related to anyone presently or previously employed by Bishop Gadsden? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list their name and their relationship to you	
Are you 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Employment:	
Will You Accept Employment Of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> PRN? <input type="checkbox"/> Temporary?			
Are You Available to Work Monday Through Friday? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Available to Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You Available to Work: Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are You Available to Work: Days? <input type="checkbox"/> Yes <input type="checkbox"/> No Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No			

JOB DESIRED

First Choice	Shift	Salary
Second Choice	Shift	Salary
Third Choice	Shift	Salary

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization Or State Issued	Date Issued	Number
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EDUCATION

Name of School	City/State	Major	Type of Degree Received	Did You Graduate? Date of Graduation
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No __/__/__
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No __/__/__
Vocational or Business:				<input type="checkbox"/> Yes <input type="checkbox"/> No __/__/__
Professional Education:				<input type="checkbox"/> Yes <input type="checkbox"/> No __/__/__
Laboratory or X-Ray Training:				<input type="checkbox"/> Yes <input type="checkbox"/> No __/__/__

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Volunteer or Community Service or Other Qualifications You Have Which Are Related to the Position for Which You Are Applying: _____

Have you ever served in the U.S. Armed Forces? Yes No If yes, what branch?

Dates of Duty: From __/__/__ To __/__/__ Rank at Discharge: _____

EMPLOYMENT RECORD *(list present or most current position first)*

Employer	Dates Employed (Month/Year) From: __/__/__ To __/__/__		Duties:
Address			
Position Title	Starting Salary	Ending Salary	
Supervisor	Phone Number		
Reason For Leaving:			
Employer	Dates Employed (Month/Year) From: __/__/__ To __/__/__		Duties:
Address			
Position Title	Starting Salary	Ending Salary	
Supervisor	Phone Number		
Reason For Leaving:			

Employer	Dates Employed (Month/Year) From: ___/___/___ To ___/___/___		Duties:
Address			
Position Title	Starting Salary	Ending Salary	
Supervisor		Phone Number	
Reason For Leaving:			

Employer	Dates Employed (Month/Year) From: ___/___/___ To ___/___/___		Duties:
Address			
Position Title	Starting Salary	Ending Salary	
Supervisor		Phone Number	
Reason For Leaving:			

Employer	Dates Employed (Month/Year) From: ___/___/___ To ___/___/___		Duties:
Address			
Position Title	Starting Salary	Ending Salary	
Supervisor		Phone Number	
Reason For Leaving:			

Employer	Dates Employed (Month/Year) From: ___/___/___ To ___/___/___		Duties:
Address			
Position Title	Starting Salary	Ending Salary	
Supervisor		Phone Number	
Reason For Leaving:			

Are you legally authorized to work in the United States? Yes No

(Note: If hired, you will be required to provide proof of your identity and legal authorization to work in accordance with the Immigration Reform and Control Act as a condition of employment.)

Employment Understanding (Please Read and Sign)

I understand that receipt of this application does not mean that I will be employed. The statements furnished by me are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time Bishop Gadsden discovers any fabrication, omission, or misrepresentation of fact in this application.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, religion, national origin, Vietnam era veteran status, disability, genetic information, or any other characteristic protected by state, federal or local law. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days, show satisfactory evidence of identity and eligibility for employment.

THIS APPLICATION DOES NOT CREATE AN EMPLOYMENT RELATIONSHIP OR, IF EMPLOYED, ALTER ANY INDIVIDUAL'S AT WILL EMPLOYMENT STATUS, IF EMPLOYED, EMPLOYEES ARE AT-WILL EMPLOYEES, WHICH MEANS EITHER THE COMPANY OR THE EMPLOYEE MAY TERMINATE EMPLOYMENT AT-WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, WITH OR WITHOUT NOTICE.

Applicant's Signature

Date

Applicant's Name (Print)

Drug-Free Workplace Policy
Consent and Release Form
Permission Statement

I, the undersigned, do hereby give my consent to Bishop Gadsden Episcopal Retirement Community ("Bishop Gadsden"), together with its designated medical facility, to perform appropriate tests on me for drugs and/or alcohol. I agree to submit a urinalysis drug screen and, if required, a test for alcohol as part of the pre-employment, post-offer procedures for hire.

I give my consent to release Bishop Gadsden, or its designated agents, the results of any medical tests or medical procedures to determine the presence and/or level of drugs.

I further agree that after employment I will comply with the Drug-Free Workplace Policy of Bishop Gadsden including Drug and/or Alcohol screening on a random basis and where reasonable cause, as defined in this policy, exists.

I realize that my refusal to sign this form constitutes a violation of the stated policy of Bishop Gadsden and for that refusal I will not be considered for, and knowingly waive any possibility of, employment with Bishop Gadsden. A copy of this consent form shall be valid as an original.

I understand that this test is done at an outside medical facility and that the results will be kept confidential. I will not hold Bishop Gadsden or the medical facility responsible for the results of this testings.

Applicant's Signature

Date

Applicant's Name (Print)

BOTH SIDES OF THIS PAGE MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

**NOTICE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES/INVESTIGATIVE BACKGROUND REPORT**

During the application process and at any subsequent time if you are employed with Bishop Gadsden Episcopal Retirement Community (Bishop Gadsden) a consumer report may be obtained in connection with your application for employment with Bishop Gadsden. The Fair Credit Reporting Act, as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you for purposes of employment only, a consumer and/or law enforcement report may be obtained which may include information about your credit worthiness, character, general reputation, personal characteristics, and/or mode of living.

If you receive a conditional offer for employment at Bishop Gadsden, you are required to provide proof of residency for a minimum of one year preceding the date of the application in South Carolina, North Carolina, and/or Georgia. To establish this criteria, you are required to provide the Human Resources Department one of the following:

- A driver's license or identification card issued by the state one year or more prior to the date of the application
- Rent, mortgage, or utility records in your name only verifying residency
- Pay stubs in your name from a business located in the state
- Bank records in your name showing a savings and/or checking account in the state

If you do not meet the necessary residency requirements, it will be necessary for you to complete a national criminal background search using the Federal Bureau of Investigation criteria which includes fingerprints. It will be necessary for you to bring a certified identification card to local authorities for execution. Further instructions will be received from the Human Resources Department if needed.

If you are denied or terminated from employment due to information received on any criminal background report you will be notified in writing that you have not met criteria for employment. If you wish to request a copy of the report received, you may do so in writing and a copy will be provided for you.

I authorize the Bishop Gadsden representative to complete an investigative report about my background, character or reputation, including, but not limited to, information as to my employment, education, criminal record, consumer record, consumer credit history (consumer credit history will only be verified if appropriate for certain job descriptions), driving record, social security number verification, and/or public records history. I authorize all persons to fully disclose information relevant to this investigation. I release liability from all persons, companies, and governmental or other agencies disclosing such information. I further authorize that a photocopy of this authorization may be considered as an original.

I hereby affirm that the information on this form is true and correct and that there are no omissions. I understand that false or misleading information, given either during this application process or after employment, may result in discharge. **I understand that all applicants are subject to pre-employment, post-offer drug and alcohol screening and that detection of prohibited substances will revoke any conditional offer of employment.** I also understand that if an offer of employment is tentatively made to me, it may be conditioned upon successful completion of a medical examination.

I have read, understand, and authorize, any person, agency or other entity contracted by Bishop Gadsden or its agents, to furnish the above mentioned information. I understand that if I have not lived in South Carolina, North Carolina, and/or Georgia for all 12 months preceding the date of this application, I am subject to a federal criminal background check including FBI Fingerprinting as well as a national background check investigation. I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL, AND THAT EITHER PARTY IS FREE TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND THAT MY EMPLOYMENT MAY BE TERMINATED FOR ANY REASON.

SIGNATURE OF APPLICANT

DATE

BOTH SIDES OF THIS AUTHORIZATION FORM MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED

OVER

PRINT FULL LEGAL NAME (Last, First, Middle Initial)

SOCIAL SECURITY #

OTHER NAMES USED (ALIAS, MAIDEN, NICKNAME)

YRS. USED

DRIVER'S LICENSE NUMBER

STATE

CDL NUMBER

CLASS

CURRENT ADDRESS (Street, City, State, Zip Code)

LIST OTHER ADDRESSES USED FOR THE PAST 12 MONTHS BELOW (Street, City, State, Zip Code, and Dates Used):

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL VIOLATION OF THE LAW, OR ARE YOU NOW UNDER PENDING INVESTIGATION CHARGES? YES NO

If yes, Please explain Why, When, and Where _____

The following information will only be used by the Human Resources Department to complete the background check process and help avoid misidentification:

Date of Birth

Gender (M or F)

ATTENTION LICENSED AND/OR CERTIFIED APPLICANTS

Bishop Gadsden will verify the credentials of all licensed/certified applicants, including but not limited to Licensed Practical Nurse (LPN), Registered Nurse (RN), Nursing Home Administrators, and Certified Nursing Assistants (CNA).

HAVE YOU EVER BEEN SACTIONED, DISCIPLINED, DEBARRED, AND/OR EXCLUDED BY A DULY AUTHORIZED REGULATORY AGENCY OR ARE THERE ANY CURRENT RESTRICTIONS OR LIMITS ON YOUR LICENSE(S) OR CERTIFICATION(S)? YES NO

PROFESSIONAL LICENSE(S) OR CERTIFICATION(S)

LICENSE OR CERTIFICATION # (S)

STATE(S) ISSUED

Please be advised that Bishop Gadsden adheres to the South Carolina Department of Health and Environmental Control (DHEC) regulation(s) forbidding the employment of any person ever convicted (or entered a no contest or nolo conendere plea) of the crimes listed below in a licensed health care and/or residential care facility.

- Capital Crimes (including but not limited to murder, rape, Kidnapping, and arson)
- Sexual Assault
- Armed Robbery/Strong Armed Robbery
- Felonious Assault
- Burglary
- Forgery
- Any type of Abuse and/or neglect of any individual
- Any type of felony involving theft
- Any type of felony involving injury
- Any type of felony involving damage to property
- Any other theft of money, securities, or other property valued at \$1,000 or more

Additionally, Bishop Gadsden may not employ individuals with distinct patterns of criminal actions which may not be of a felonious nature including but not limited to fraudulent check convictions, possession and/or distribution of illegal substances (drugs), and assaults of a less than felonious nature.

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