



Riverview Nursing & Rehabilitation  
Center  
1600 W Claiborne Ext.  
Greenwood, MS 38930  
Phone (662) 453-8140

## Application for Employment

Magnolia Healthcare, Inc. is an organization that promotes diversity. We believe in dignity and respect for all people. We provide equal employment opportunities for all and will not discriminate on the basis of sex, race, color, age, religion, national origin, marital status, disability, or veteran status or any other characteristic protected by applicable law.

If you do not understand how to fill out any part of this application, or if you need assistance in doing so, please ask for help.

### Personal

**Please print.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
City) (State) (Zip)

Cell Phone: \_\_\_\_\_ Home e-mail Address: \_\_\_\_\_

Are you over 18 years of age? Yes  No

It is company policy that members of the same family (mother, father, sister, brother, husband, wife, son, daughter) may not work within the same chain of command or where there is a potential for conflict of interest. To avoid improper job assignments, if hired, please state which if your family members, if any, work at this facility.

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(First) (Middle) (Last)

### Employment Desired

Specific Title(s) of Job(s) applied for: \_\_\_\_\_ Hourly Rate of Pay: \$ \_\_\_\_\_

Will you work: Full-time  Part-time  Specify days and hours if part-time: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Profession (job applied for): \_\_\_\_\_ Professional License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Qualifications

Are you legally eligible for employment in the United States? Yes  No

Have you previously applied for employment with Magnolia Healthcare, Inc.? Yes  No   
Arnold Avenue, Autumn Leaves, Riverview, and Haven Hall are part of Magnolia Healthcare, Inc.

If "yes", where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever worked for Magnolia Healthcare, Inc.? Yes  No

If "yes", where? \_\_\_\_\_ When? \_\_\_\_\_

What job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous employers? Yes  No

If not, indicate by company name which one(s) you do **not** wish us to contact: \_\_\_\_\_

What experiences, skills, or abilities do you have that qualify you for the job(s) you applied for?

---

---

---

---

---

Have you ever been convicted of a crime involving theft, violence, drugs, or any law involving moral turpitude (lying, cheating, or stealing)? A conviction will not automatically bar you from employment unless the crime is a "barrier crime" as set forth under Mississippi law. The nature of the crime, date of conviction, and the relationship of the crime to the job sought will be considered in determining eligibility for employment.

Yes  No  If "yes", explain: \_\_\_\_\_

---

---

As a professional, have you ever been disciplined by a professional group, organization, licensure board, etc.? Discipline by a professional group will not automatically bar you from employment unless otherwise provided by law. The nature of discipline, date of discipline, and the relationship of the discipline to the job sought will be considered in determining eligibility for employment.

Yes  No  If "yes", explain: \_\_\_\_\_

---

---

---

Have you ever been excluded from participation in a federal health care program such as Medicare or Medicaid by way of payment or employment? Yes  No

**List below all present and past employment, beginning with your most recent.**

If needed, use an additional sheet to fully list all previous employment.

I. Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ (month/year) to \_\_\_\_ / \_\_\_\_ (month/year) Reason for leaving: \_\_\_\_\_

Weekly Starting Salary: \_\_\_\_\_ Weekly Last Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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

Were you disciplined, suspended or terminated for: Resident Care? Yes  No

Other violations of your previous employer's policy? Yes  No

II. Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ (month/year) to \_\_\_\_ / \_\_\_\_ (month/year) Reason for leaving: \_\_\_\_\_

Weekly Starting Salary: \_\_\_\_\_ Weekly Last Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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

Were you disciplined, suspended or terminated for: Resident Care? Yes  No

Other violations of your previous employer's policy? Yes  No

III. Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ (month/year) to \_\_\_\_ / \_\_\_\_ (month/year) Reason for leaving: \_\_\_\_\_

Weekly Starting Salary: \_\_\_\_\_ Weekly Last Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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

Were you disciplined, suspended or terminated for: Resident Care ? Yes  No

Other violations of your previous employer's policy? Yes  No

IV. Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ (month/year) to \_\_\_\_ / \_\_\_\_ (month/year) Reason for leaving: \_\_\_\_\_

Weekly Starting Salary: \_\_\_\_\_ Weekly Last Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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

Were you disciplined, suspended or terminated for: Resident Care? Yes  No

Other violations of your previous employer's policy? Yes  No

## Record of Education

Education will only be considered if education is essential to the job sought.

High School Name: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Address: \_\_\_\_\_ List Diploma or Degree: \_\_\_\_\_

Check last year completed: 1  2  3  4  Did you graduate: Yes  No

College Name: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Address: \_\_\_\_\_ List Diploma or Degree: \_\_\_\_\_

Check last year completed: 1  2  3  4  Did you graduate: Yes  No

Other Education (specify): \_\_\_\_\_ Course of Study: \_\_\_\_\_

Address: \_\_\_\_\_ List Diploma or Degree: \_\_\_\_\_

Check last year completed: 1  2  3  4  Did you graduate: Yes  No

## Professional/Personal References

List three (at least two **not** related to you).

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IMPORTANT: READ CAREFULLY**

I hereby certify that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false, incomplete or misleading information given by me on this form, regardless of when it is discovered, may disqualify me from further consideration for employment, and may be justification from employment, if discovered at a later date.

I hereby authorize Magnolia Healthcare, Inc., or its affiliates to investigate all statements contained in this application and in so doing to contain and obtain information from all references, employers, educational institutions, law enforcement agencies and any other organizations referenced in this application. I also release Magnolia Healthcare, Inc. from any liability arising there from and release former employers and references from any liability in furnishing information pertaining to my background and business experience.

I agree to immediately notify the Company if I should be arrested or convicted of any criminal offense while my job application is pending, or during my period of employment, if hired.

I hereby agree that I have no specific rights of privacy in any property brought onto the premises, and consent to the search of any and all personal property and items brought onto Company premises, including motor vehicles.

I recognize that any offer of employment is conditioned on the satisfactory completion of all relevant aspects of my background check and a health screening that includes a drug test, and I hereby consent to said background check, health screening and drug test.

I understand that, if employed, the Company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between the Company and myself.

I understand that no Company representative of Magnolia Healthcare, Inc., other than its president, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

This application will be considered current for sixty (60) days from this date. After that time, the application must be renewed to be considered.

Magnolia Healthcare, Inc. is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in all employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status or disability.