

Come join our team!

We are always looking for new talent to fill a variety of positions. Complete an application online, attach your resume or come in personally. We look forward to meeting you! Our strength is our focus on our patients, families, and community. We are dedicated to providing the best outcomes to our patients and our employees.

Our benefits include:

- Holidays and Paid Time Off
- Health and Dental Insurance
- Life Insurance Options
- Short-Term Disability
- Long Term Disability
- 401 (k) Retirement Savings Plan

Thank you for your interest in exploring a career at Osceola Health Care Center. We believe Osceola is a wonderful place to work.

Osceola Health Care Center is an Equal Opportunity Employer. We do not and will not tolerate discrimination on the basis of race, color, sex, gender, religion, age, national origin, disability, or other lawfully protected status in any employment decision relating to hiring, placement, termination, transfer, compensation, promotion, layoff, training, or other company relationships with partners, job applications, patients or visitors.

EMPLOYMENT APPLICATION

This establishment does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability or any other lawfully protected status. Therefore, in order to consistently consider applicants all portions of this application form must be completed. Omissions, misrepresentations or falsifications will be cause for disqualification for, or discharge from, employment. Thank you for taking the time to accurately apply for employment with us.

NAME: _____ TODAY'S DATE _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS _____
(STREET) (P.O.)

TELEPHONE NUMBER HOME () _____ SOCIAL SECURITY NUMBER _____
(CITY) (STATE) (ZIP)

ALTERNATE PHONE NUMBER () _____

Are you eligible to work in the United States ____ yes ____ no

Have you ever worked for a hospital, nursing home, homecare, or any medical related field? ____ yes ____ no

Have you ever been convicted of a crime (excluding traffic violations)? ____ yes ____ no

If yes, please explain _____

Please list: Names of relatives employed here: _____

Names of friends employed here: _____

Have you ever applied for work here before? ____ yes ____ no If yes, when? _____

Positions for which you are applying. (Please check appropriate box[s])

Nursing: RN ____ LPN ____ CNA ____ Dietary Cook ____ Aid ____ Dishwasher ____

Social Worker ____ Laundry ____ Maintenance ____ Therapy OT ____ PT ____ Speech ____

Bookkeeper ____ Activities ____ Medical Records ____ Clerical ____ Housekeeping ____

Central Supply ____ Other (specify) _____

Wages Expected? _____ per hour; or _____ per week; or _____ per month

Do you want Full time ____; or Part time ____ work?

If Full time, which shift would you prefer? ____ Day ____ Evening ____ Night

If Part time, how many hours per week? ____ What shifts are you available for? Day ____ Evening ____ Night ____

Which days per week are you available (Please circle the days that you can work) Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

After what date are you available to work? _____

Have you read the Job Description(s) for the job(s) for which you are applying? ____ yes ____ no

Are you able to perform all the tasks described? ____ yes ____ no If no, which tasks are you unable to perform? ____

APPLICATION ACTIVE 14 DAYS

FROM DATE COMPLETED AND

RECEIVED IN CENTER.

If licensed or certified by any State in the health care field, please give number and State of License.

EDUCATION

Draw circle around highest grade completed																					
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18																					
Name and location of high school or college												From to Attendance		Degree or diploma				Major subject			
High School																					
College or University																					
Technical school																					

Account for all periods of employment and unemployment: (Most current employment first)

From	To	Employer	Address	Duties	Why did you leave?

May we contact the employers listed above? _____
 If not, indicate which ones you do not wish us to contact _____

MILITARY SERVICE

Branch of Service	Entered	Discharged	Duties	Rank	Type of discharge

I hereby verify that if I become employed, I understand that as a continuing condition of my employment, I will:

- Maintain positive and harmonious relationships with patients, visitors and staff yes no
- Appear for duty as scheduled or at least to secure a replacement in the event of unforeseen circumstances yes no
- Be a team member, rendering help to fellow staff in other departments as needed yes no

I certify that the information in this application is correct and understand that falsification of this document in any detail or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I agree to conform to the rules and regulations of this establishment, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also agree to submit to a physical examination if any employment offer is extended and to cooperate fully with other examinations or investigations that may be requested by the employer from time to time as an ongoing condition of employment.

Therefore, you are authorized by my signature below to make such initial investigations you deem necessary as to personal character, reputation, work history, credit record, convictions or other such lawful inquiries prior to or during employment.

I understand that this application will be active for 60 days if not employed; thereafter, I will have to reapply.

Signature Date