



CHRISTIAN
CITY

APPLICATION PACKET

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

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Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify

AVISO:

La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.



E-VERIFY IS A SERVICE OF DHS AND SSA

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.

- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.
- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:
Phone: 1-800-255-7688 or
(202) 616-5594

For the hearing impaired:
TTY 1-800-237-2515 or
(202) 616-5525

E-mail: oscrt@usdoj.gov

Or write to:

U.S. Department of Justice – CRT
Office of Special Counsel – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

**Office of Special Counsel for
Immigration-Related Unfair
Employment Practices**



www.justice.gov/crt/about/osc

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si usted tiene el derecho a trabajar legalmente en los Estados Unidos, existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que:

- En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su país de origen o estatus migratorio, o negarse a aceptar sus documentos válidos y legales.
- Los empleadores no pueden rechazar documentos por que tienen una fecha de vencimiento futura.

- Los empleadores no pueden despedirlo debido a E-Verify, sin darle una oportunidad de resolver el problema.

- En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Si usted se ha encontrado en alguna de estas situaciones, contacte a la Oficina del Consejero Especial (OSC).

Para ayuda en su propio idioma:

Teléfono: 1-800-255-7688 o 202-616-5594

Para las personas con discapacidad auditiva:

TTY 1-800-237-2515 o 202-616-5525

E-mail: oscrtt@usdoj.gov

O escriba a:

U.S. Department of Justice - CRT
Office of Special Counsel- NYA
950 Pennsylvania Avenue, NW
Washington, DC 20530

Departamento de Justicia de EE.UU.
División de Derechos Civiles

Oficina del Consejero Especial Para
Prácticas Injustas en el Empleo
Relacionadas a Inmigración



www.justice.gov/crt/about/osc

EMPLOYMENT APPLICATION

PLEASE NOTE THAT APPLICANTS ARE TO RECEIVE ORIGINAL PRODUCTIONS (NO COPIES) OF THIS FORM FOR COMPLETION.

Date			Location Name					
<p>We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of age, ancestry, color, creed, disability, gender, handicap, marital status, national origin, race, religion, or veteran status. Please print all information requested except your signature. Applications over 30 days will not be considered. The acronym "NA" represents the words "Not Applicable" and should only be used to signify a question cannot be applied. "NA" is limited as listed and must be accurate for application consideration. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ANY PURPOSE.</p>								
Last Name			First Name		Middle Name			
Social Security Number			Telephone Number		Email Address			
			Cell Phone Number					
Street Address (Required)			Mailing Address					
City		State	Zip Code	How long have you resided at your current address?				
Have you ever been employed by the location or an affiliated company? Yes No			Do you have family members (including in-laws) currently employed at the location? Yes No					
If you have been employed by the location or an affiliated company, when and where? NA			What was the reason for your termination of employment from the location? NA					
<p>What position are you seeking with the location? <u>Circle only one position.</u> Complete the blank as appropriate. APPLICATIONS NOT SPECIFYING THE POSITION SOUGHT OR APPLICATIONS SPECIFYING MORE THAN ONE POSITION WILL NOT BE CONSIDERED FOR ANY PURPOSE.</p>			Consultant _____	Manager _____				
			Cook	Nurse Practitioner				
			Dietician	Other _____				
			Director _____	Payroll Clerk				
			Education Coordinator	Pharmacist				
			Accountant	Assistant Administrator	Environmental Services Consultant	Pharmacy Technician		
			Accounts Payable Clerk	Assistant Director of Nursing	Financial Analyst	Physical Therapist		
			Accounts Receivable Clerk	Bookkeeper	Healthcare Services Representative	Regional Director		
			Activity Director	Case Manager	Housekeeping Aide	Registered Nurse		
			Administrative Assistant	Case Mix Director	Information Services Technician	Rehabilitation Coordinator		
			Administrator	Certified Nurse Assistant	Laundry Aide	Risk Manager		
			Admissions Coordinator	Chaplain	Licensed Practical Nurse	Staff Development Coordinator		
			Admissions Specialist	Collections Specialist	Maintenance Assistant	Vice-President _____		
			Describe your most significant accomplishment?					
			Are you lawfully employable in the United States either by virtue of citizenship or by having authorization from the Bureau of Citizenship and Immigration Services and the United States Labor Department? Yes No			Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No		
Are you over the age of eighteen? Yes No								

<p>Do you require any reasonable accommodation to assist you in completing the application process? Yes No If yes, please describe the reasonable accommodation required.</p>							
<p>Have you ever been discharged from employment or been asked to resign? Yes No If yes, please explain.</p>							
<p>Have you ever been known by or worked by another name? Yes No If yes, please list your other names for employment reference checks.</p>							
<p>Do you have personal responsibilities that will interfere with your ability to meet the job requirements, including regular and punctual attendance, if offered a job with the location? Yes No If yes, please explain.</p>							
Please list your available hours. <input type="radio"/>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Please note work schedules are based upon the needs of the location.							
What is the wage or salary you are expecting?				What wage or salary are you currently earning or did you most recently earn?			
If selected for hire, what date are you available to begin duties with the location?				What is the name of your most recent employer?			
What is the address of your most recent employer?				What is the telephone number of your most recent employer?			
What were your job duties with your most recent employer?							

Please check (✓) the reason for the employment termination from your most recent employer? <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resignation in Lieu of Termination <input type="checkbox"/> Job Performance <input type="checkbox"/> Still Employed <input type="checkbox"/> Reduction in Workforce	
Who was your supervisor with your most recent employer?	
Please list the following information for your two most recent employers prior to your last employer.	
Employer: _____ Position: _____ Service: _____ Years _____ Months Salary/Wage: _____ Year Employment Began: _____ Reason for Termination: _____ _____ Supervisor: _____ Telephone Number: _____	Employer: _____ Position: _____ Service: _____ Years _____ Months Salary/Wage: _____ Year Employment Began: _____ Reason for Termination: _____ _____ Supervisor: _____ Telephone Number: _____
We contact past employers as part of our reference checking process. Is there anything you want to disclose prior to our contacting any prior employer? Yes No If yes, please explain.	
Please list <i>all</i> languages you are able to speak, read and write fluently.	
Do you have a high school diploma or equivalent? Yes No	What was your favorite high school subject?
Do you have a college or university degree? Yes No	What kind of college or university degree did you earn? NA
What college or university major did you study? NA	What college or university did you attend? NA
Do you have a graduate school degree? Yes No	What kind of graduate degree did you earn? NA
What graduate school did you attend? NA	How many academic years and credit hours was the graduate school degree program? NA
Do you have any professional certifications or licenses? Yes No If yes, please list. The information will be validated if there is an offer of employment.	
Do you have military education, training or experience? Yes No	In what branch of the Uniformed Services of the United States did you serve? NA
Were you honorably discharged from your military service? Yes No NA	What was your military rank at discharge? NA

List four professional references. The location will not consider applicants who list personal friends or family as professional references for job openings. If you are unable to list professional references, place state why.

Name: _____
Relationship: _____
Time Known: _____ years _____ months
Telephone Number: _____

Name: _____
Relationship: _____
Time Known: _____ years _____ months
Telephone Number: _____

Name: _____
Relationship: _____
Time Known: _____ years _____ months
Telephone Number: _____

Name: _____
Relationship: _____
Time Known: _____ years _____ months
Telephone Number: _____

I hereby authorize the location to investigate all information given in this application and specifically to obtain information concerning me from prior employers and from any person listed as a reference. I certify the information given on this application is correct. I understand any misrepresentation or omission of facts called for in this or any other location document completed either prior to or during the employment relationship, will be cause for immediate dismissal without notice. I release the location and all representatives, employees and agents thereof from any and all liability or damages in connection with efforts to verify or investigate such information. I release all third parties and all persons providing information to the location in connection with this application for employment from any and all liability or damage on account of having obtained or furnished the same.

The location may require job applicants to undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. Applicants who refuse to submit to the location's substance abuse testing procedures will not be considered for employment. By signing this application form, the applicant hereby consents to the administration of any drug tests and hereby releases the location from any and all liability and damage related thereto.

I understand and agree if the location extends a conditional offer of employment, I will be required to undergo a physical examination. I understand a job offer can be rescinded if it is determined I cannot perform the essential functions of the job with or without reasonable accommodation, or that I pose a direct threat to the health or safety of others or myself in the workplace. This physical examination will be used only in a manner consistent with job relatedness and business necessity and consistent with all applicable laws. I further understand the location will make reasonable efforts to accommodate a covered disability to the full extent of the law. I also understand all medical or disability related information supplied by or concerning me will be held in strict confidence by the location, subject to certain disclosures permitted by applicable law.

I understand and agree if the location extends a conditional offer of employment, investigative background inquiries will be conducted. The background inquiries may include but are not limited to the following: previous employment verifications, education verifications, professional certification verifications, criminal background checks, Social Security Number trace reports, and OIG/GSA sanctioned searches. I understand a job offer can be rescinded or employment terminated based upon the results of the investigative background inquiries. I understand the location or its authorized agent requests information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

If employed, I agree to comply with all the rules and regulations of the location in effect now and any others that may be instituted at a later date.

I understand if employed, I will be employed on an at-will basis and my employment may be terminated for any reason or no reason at the option of the location or myself. I understand no management representative or other person has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, or to enter into any oral contracts concerning my wages or any other term or condition of employment. I further understand no written policy statements, handbooks, memoranda or any other materials provided to me by the location are intended to serve as written or implied contracts of employment.

Signature of Applicant _____

Date of Signature _____

COMPLETED BY LOCATION'S HIRING MANAGER

I have personally conducted professional certification verifications and required registry checks on this applicant prior to offering conditional employment. All questions on the application form have been completed. Yes No

Signature of Hiring Manager _____ Date of Signature _____

PruittHealth is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____

Position Applied for: _____

Gender:

Male Female

Race or Ethnicity Identity* (select one, see below for definitions)

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

I do not wish to self-identify

Signature: _____

Date: _____

Are you a Veteran?

Yes No

I do not wish to self-identify my veteran status

Are you a Protected Veteran?

Yes No

Do you have a disability?

Yes No I do not wish to self-identify

*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino) - All persons who identify with more than one of the above races.

PROTECTED VETERAN CATEGORIES - (1) disabled veterans; (2) recently separated veterans ;(3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans

