

# EMPLOYMENT APPLICATION

*Grand Strand Healthcare, Loris Rehab & Nursing Center, Medford Nursing Center,  
Morrell Nursing Center, Oakhaven Nursing Center,  
Med Center Pharmacy & Wilson Senior Care*

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*It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.*  
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*Please complete each section of this application. Incomplete applications will not be considered for hire.*

## PLEASE PRINT

Position Applied for: \_\_\_\_\_

NAME (Last, First, MI): \_\_\_\_\_

Address (Street Address): \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Able to Work:  Full Time       Part Time       Casual Relief       Temporary

Shift rotation:  Yes  No    2) Holidays:  Yes  No    3) Weekends  Yes  No

If you are under 18, can you provide a work permit if required?  Yes  No

Date you are able to begin work \_\_\_\_\_

Professional License / Registration# \_\_\_\_\_ Expir. \_\_\_\_\_ State \_\_\_\_\_

I understand and agree that if I misrepresent or deliberately leave out a fact in my application, I will be removed from consideration for this job opening or, if employed, may be terminated. I understand that this application will be active for only six (6) months from the date below. I also understand that I will only be considered for the position applied for as noted above on this application. After six (6) months, this application will become inactive and if I wish to be considered for another job opening, I must re-apply by completing a new application form. I hereby give my authorization to thoroughly investigate my work history, criminal record, or any other background information. I will hold no person liable for giving or receiving information in this investigation. I give the facility permission to investigate previous employment, and release the facility, its present and former employees, or any person or entity releasing information to the facility, from any liability which may result from such investigation.

I have read and understand the above and hereby certify that the facts I have provided in my employment application are true and complete.

I further understand that this employment application and other documents are not contracts of employment, and that, if employed, I may terminate my employment at any time without notice or cause, and that the facility may terminate or modify the relationship at any time without notice or cause. In consideration of my employment, I agree to the rules and regulations of the facility and understand that no representative of the facility, other than the Chief Executive Officer, has any authority to enter into any agreement contrary to this agreement. Any contract of employment entered by the CEO must be in writing, must specify that it is a contract of employment, and must be signed by the CEO.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT HISTORY

**Most Recent Employer:** \_\_\_\_\_ Phone # \_\_\_\_\_

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

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hourly wage \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone # \_\_\_\_\_

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

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hourly wage \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Phone # \_\_\_\_\_

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

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hourly wage \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by Wilson Senior Care (Grand Strand, Loris, Medford, Morrell, Oakhaven Nursing Centers, MedCenter Pharmacy)?  Yes  No If so, Facility \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Have you previously applied and were rejected for employment with Wilson Senior Care (Grand Strand, Loris, Medford, Morrell, Oakhaven Nursing Centers, MedCenter Pharmacy)?  Yes  No

If so, Facility \_\_\_\_\_

Do you have any relatives who are or were employed by Wilson Senior Care (Grand Strand, Loris, Medford, Morrell, Oakhaven Nursing Centers, MedCenter Pharmacy)?  Yes  No

If so, Facility \_\_\_\_\_ Name \_\_\_\_\_

## EDUCATIONAL BACKGROUND

List last three (3) schools attended. List the number of years completed, indicate degree or diploma earned, Grade Point Average, and Major/Minor field of study (if applicable):

School	# of years completed	Degree or Diploma	GPA	Major / Minor

## REFERENCES

List name and telephone # of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name of Reference	Telephone #	Years Known

List any (1) accomplishments, publications, or awards; (2) Professional, business or civic association & offices held. (Exclude any info which would reveal sex, race, religion, national origin, age, disability, or other protected status.) \_\_\_\_\_

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List any additional information you would like for us to consider: \_\_\_\_\_

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# WILSON SENIOR CARE

*Grand Strand Healthcare, Loris Rehab & Nursing Center, Medford Nursing Center,  
Morrell Nursing Center, Oakhaven Nursing Center,  
Med Center Pharmacy & Wilson Senior Care*

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1. Any material misrepresentation or deliberate omission of a fact in my Employment Application may be justification for refusal of employment. I further understand that, if employed, any falsification on my Employment Application is justification for immediate termination of employment.
2. It is my understanding that the Employer will make a thorough investigation of my entire work and personal history and may verify all data given in my Employment Application, related papers, or oral interviews. I authorize such investigation, the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired. I also understand that, if hired, I may be subjected to immediate dismissal if falsification of data or derogatory information pertaining to my Application is discovered.

**I understand that:**

3. I understand that, if employed, my employment may be terminated by this Employer at any time without liability for wages or salary except such as may have been earned at the date of such termination.
4. I understand, that if requested by the Management at any time, I will submit to search of my person or of any locker that may be assigned to me and I hereby waive all claims for damages on account of such examination.
5. I understand that, if I am offered a position of employment, it is conditioned upon my taking a physical examination. I authorize appointed physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job I am being considered for prior to employment or in the future during my employment with the employer.
6. I understand that, if I am offered a position of employment, it is conditioned upon my taking and successfully passing a drug screen test. I further understand that random drug tests are performed, and if employed, that I will be expected to comply with drug test requirements. I further understand that I will be immediately terminated if my test is returned positive for drug use.
7. Although Management makes every effort to accommodate individual preferences when possible, business needs may at time make the following conditions mandatory: overtime work, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand that these are conditions of any offered or continuing employment.

I further understand that this is an application for employment with Wilson Senior Care and/or its Facilities, and that no employment contract is being offered or implied.

I understand that, if I am employed by Wilson Senior Care, or any of its facilities, such employment is for an indefinite period of time and that the employer can change wages, benefits, and conditions of employment at any time, subject to applicable laws. I further understand that employment with the Wilson Senior Care or it's Facilities, is terminable **at will**, so that both Wilson Senior Care and its Facilities and I remain free to end our work relationship at any time, with or without notice or reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_