



PROFESSIONAL REFERENCES

REFERENCE NAME	TITLE	PHONE NO.

OTHER REFERENCES

REFERENCE NAME	RELATIONSHIP	PHONE NO.

ADDITIONAL INFORMATION

Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, volunteer organizations (list offices held), publications, accomplishments, etc. You may exclude information that is confidential or otherwise not appropriate for this application.

SIGNATURE AND AUTHORIZATION

Acceptance of this application affords no assurance of eventual employment. If offered employment, you will be required to verify your ability to legally accept employment, to undergo background investigations, to include contacting former employers, may be required. This application does not constitute an offer of employment, and you will be notified of any offer of employment, with or without cause, at any time.

I have read the foregoing instruction and questions and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any information that may affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for denial of employment.

SIGNATURE AND AUTHORIZATION

Signature of Applicant _____ Date _____

DRUG- FREE WORKPLACE STATEMENT

Keystone Communities strives to maintain a drug-free workplace and has a drug-free workplace policy. The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, prescription drugs or intoxicants is prohibited. Any employee found in violation of the above will be subjected to corrective discipline.

Any employee convicted of a criminal drug statute violation must notify the RN Administrator no later than five (5) business days after conviction.

It is the policy of Keystone Communities to comply with all aspects of the Drug Free Workplace Act.

All Employees will be expected to abide by the terms of the above statement as a condition of employment.

I understand that if I am hired, as a condition of employment, I will be screened for illegal drugs and alcohol which will include testing upon hire and random testing during my employment in accordance with Keystone Communities' drug-free workplace policy.

SIGNATURE AND AUTHORIZATION

Signature of Applicant _____ Date _____