



Kabul Nursing Homes, Inc.
 Landmark Villa/Pineview Heights
 1000 Main St., Cabool, MO 65689
 417-962-3713

Pre-Employment Consent and Screening

Today's Date: _____

Applicant Name: _____

(List any aliases, former names, including any name(s) you have worked or earned a degree under, professional names, etc.)

SSN: _____ DOB: _____

E-mail: _____ Phone#: _____

Have you previously worked at Kabul Nursing Homes, Inc., or its affiliate locations? Yes No

If yes, list dates of employment and reason for separation: _____

Have you resided in Missouri for at least 5 consecutive years as of the date of this application? Yes No

If no, please list the zip code, town, county, and state of each place you have resided in the past 5 years:

Have you been convicted of or entered a plea of guilty, including *nolo contendere*, to a misdemeanor or felony charge, including any suspended imposition of sentence, suspended execution of sentence, or any period of probation or parole, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of RSMo Chapters 565, 566, or 569, or any violation of subsection RSMo 198.070.3, or RSMo 568.020? Yes No

If yes, please explain:

I, _____, hereby permit Kabul Nursing Homes, Inc, and/or its affiliate organizations, to complete the following background checks, using the information provided voluntarily hereinabove, as required by State Statute and other regulatory requirements for all long-term care employees:

1. Family Care Safety Registry
2. EDL (Employee Disqualification List)
3. CNA/CMT/L1MA Registry
4. OIG (Office of the Inspector General)
5. Sex Offenders National Registry
6. Missouri State Highway Patrol Missouri Sex Offender Registry
7. Nursys.com
8. Missouri Case.net
9. Other licensing and/or State and Federal criminal and sex offender registries, as required by law

I understand that I am to submit to drug testing, at the expense of Kabul Nursing Homes, Inc., prior to employment. I further consent to any testing which may be required by law, including, but not limited to, TB testing, Covid-19 testing, and/or additional drug/alcohol testing.

This consent is given knowingly and voluntarily, for the purposes set forth above. I understand I may obtain a copy of this document upon request. I hereby indemnify and hold harmless Kabul Nursing Homes, Inc., its affiliates, officers, & employees from and against any damages, liabilities, losses, costs, and expenses, which may arise out of this consent and release, but only to the extent allowable by law. I further understand that this document is not an offer of employment and creates no contractual obligations between myself and Kabul Nursing Homes, Inc., or its affiliates.

Signature

Date