

Name and address of a person to be notified in case of an emergency:

First Name _____ Last Name _____

Phone: Home: (____) _____ - _____ Alternate/Cell: (____) _____ - _____

Have you ever been convicted of a crime? [] YES [] NO
(Answering YES to this inquiry will not automatically disqualify you)

Are there any pending felony charges against you? [] YES [] NO
(Answering YES to this inquiry will not automatically disqualify you)

Have you ever worked for this organization in the past? [] YES [] NO

If so did you work under a different name? [] YES [] NO
If yes, is any additional information relative to a different name necessary to check your work record? [] YES [] NO
If yes, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license? [] YES [] NO

SECTION III: AVAILABILITY AND INTERESTS IN WORK

For which position have you applied: _____

Have you been given a job description for this position? [] YES [] NO

Are you interested in full-time or part-time work? [] Full-time [] Part-time

Which days and shifts are you available to work?

Mon _____ [] Morning [] Afternoon [] Evening
Tue _____ [] Morning [] Afternoon [] Evening
Wed _____ [] Morning [] Afternoon [] Evening
Thu _____ [] Morning [] Afternoon [] Evening
Fri _____ [] Morning [] Afternoon [] Evening
Sat _____ [] Morning [] Afternoon [] Evening
Sun _____ [] Morning [] Afternoon [] Evening

On what date are you available to start work? _____

SECTION IV: EDUCATION

High school: _____
Name Street City State

Did you graduate? [] YES [] NO

College: _____
Name Street City State

Did you graduate? [] YES [] NO

if yes, what degree(s) did you obtain? _____

Business/
Trade School:

_____ Name Street City State

Did you graduate? [] YES [] NO

if yes, what degree(s)/certificate(s) did you obtain? _____

Professional
School:

_____ Name Street City State

Did you graduate? [] YES [] NO

if yes, what degree(s)/certificate(s) did you obtain? _____

SECTION IV: EMPLOYMENT HISTORY

Company Name: _____ Telephone: _____

Address: _____ Position: _____

Employment Dates(month/Year) From: ____/____/____ To: ____/____/____

Hourly Pay: Start: \$ _____ End: \$ _____

Name of Supervisor: _____ Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Position: _____

Employment Dates(month/Year) From: ____/____/____ To: ____/____/____

Hourly Pay: Start: \$ _____ End: \$ _____

Name of Supervisor: _____ Reason for leaving: _____

May we contact your current supervisor or manager? [] YES [] NO

If no, why? _____

If yes, who should we call? _____

Have any of your previous employers served persons funded through a community mental health (CMH) entity? [] YES [] NO

If yes, which CMH entities were involved? _____

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? [] YES [] NO

SECTION VI: REFERENCES

Give the name of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

Name: _____ Address: _____

Phone: (____)____-_____ Years Known: _____

Name: _____ Address: _____

Phone: (____)____-_____ Years Known: _____

Give the name of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: _____ Address: _____

Phone: (____)____-_____ Years Known: _____

Name: _____ Address: _____

Phone: (____)____-_____ Years Known: _____

SECTION VII: PROFESSIONAL LICENSES, CERTIFICATES AND

Do you have any of the following licenses or certifications?

Certified Nurse Aid: [] YES [] NO (if yes, please provide your license number) _____

Nursing license: [] YES [] NO (if yes, please provide your license number) _____

Other job-related licenses, certificates or credentials [] YES [] NO

(if yes, please provide details) _____

SECTION VIII: CONSENT

I hereby give you my permission to contact the above employers, references, educational, licensing, credentialing and certification institutions to verify the items I listed above.

I hereby release Arbor House Assisted Living, Inc. in the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personal file. In the event a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Arbor House Assisted Living, Inc. I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify the information listed in this job application. I hereby release Arbor House Assisted Living, Inc., the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies from all claims, liabilities and damages that may result from furnishing the information to you.

I further specifically waive written notice and agreed to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all other prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature

Date

I certify that all the information provided on this application is true, complete incorrect.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in an any interviews or pre-employment process are grounds for disqualification for consideration for employment for termination of employment if the discovery is made after employment begins.

Applicant Signature

Date

SECTION IX: AT WILL STATUS

In consideration of my employment, I agree to conform to the policies, rules and regulations of Arbor Health Assisted Living, Inc. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at will with or without cause and with or without notice at any time, at the sole discretion of Arbor House assisted living, Inc. or myself.

Applicant Signature

Date

Employer Signature

Date

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.