

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

First Name Last Name
() - () -
Phone Alternate Phone

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

On 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 or Trade School

Name Street City State
Did you graduate? [] Yes [] No
If yes, what degree(s) or certificate(s) did you obtain? _____

Professional School

Name Street City State
Did you graduate? [] Yes [] No
If yes, what degree(s) or certificate(s) did you obtain? _____

Section V: Employment History (Please start with present or most recent employer)

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates (month/year)
From: _____ To: _____
Position Title: _____ Hourly Pay
Start: _____ Last: _____
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? _____
Name Title Phone

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 names 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 names 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, Certifications and Credentials

Do you have any of the following licenses or certifications?

Certified Nurse Aid Yes No

If yes, please indicate your license number: _____

Nursing License Yes No

If yes, please indicate your license number: _____

Other job-related licenses, certifications or credentials Yes No

If yes, please provide detail: _____

Section VIII: Consent

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Waterford Oaks Senior Care, Inc. and 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 personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Waterford Oaks Senior Care, 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 information I have listed in this job application. I hereby release Waterford Oaks Senior Care, 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, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all 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 of the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or 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 Waterford Oaks Senior Care, 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 Waterford Oaks Senior Care, Inc. or myself.

Applicant Signature

Date

Employer Signature

Date

This application will be kept current for 3 months. You need to complete another application to be reconsidered after this date.