

THE LIVING CENTER

Application for Employment

PLEASE PRINT & FILL OUT ALL SECTIONS COMPLETELY

Contact Information

Name	
Social Security #	
Address	
Telephone (Day)	
Telephone (Night)	
Telephone (Cell)	
Email	

Position Applying For

Date of Application		Date Available to Start Work	
Position Applying for		Hourly Rate Desired	\$ _____
Availability (Check all that apply)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN / As Needed	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	If desiring Part Time, list available days and times: _____ _____ _____
Hours/Days <u>unwilling</u> or <u>unable</u> to work			

Professional Licensure or Certification

Certificate/License #	State	Expiration Date	Licensing Agency

Personal References

Name & Occupation	Address (City, State, Zip)	Phone Number

The Living Center is an Equal Opportunity Employer, and is committed to providing employment opportunities based upon personal capabilities and qualifications regardless of race, color, religion, sex, age, national origin, disability, or any other protected characteristic as established by law.

Education Record

	Name Of School	Location	Highest Grade Completed	Degree/Course
High School				
Business-Technical				
Nursing				
College				
Other				

Work History

List your prior employers. Use additional sheets if you have not listed all prior employment below.

Most Recent Employer			
Employer Address			
Position Held		Reason for Leaving	
Start Date		End Date	
Starting Salary		Ending Salary	
Supervisor		Supervisor Phone #	

Former Employer			
Employer Address			
Position Held		Reason for Leaving	
Start Date		End Date	
Starting Salary		Ending Salary	
Supervisor		Supervisor Phone #	

Former Employer			
Employer Address			
Position Held		Reason for Leaving	
Start Date		End Date	
Starting Salary		Ending Salary	
Supervisor		Supervisor Phone #	

Former Employer			
Employer Address			
Position Held		Reason for Leaving	
Start Date		End Date	
Starting Salary		Ending Salary	
Supervisor		Supervisor Phone #	

General Questions

If you need additional room to answer any of the following questions or wish to provide explanations of any of your answers, then please write on an additional piece of paper that includes the question number that you are answering.

1)	Do you have legal authorization to be employed in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)	Are you older than 18 years old? Or if you are under 18 years old, can you furnish a work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3)	Are you capable of performing the duties set forth on the attached job description with or without accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4)	Do you have any relatives working for our company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5)	Have you ever applied to The Living Center (or, any related company) before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6)	Have you ever been an employee of The Living Center (or, any related company) before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7)	Have you ever been fired, dismissed or asked to resign from any job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8)	Have you ever been convicted of or pled guilty or no contest to any criminal offenses? (Depending on the nature of the offense, conviction may not be an absolute bar to employment.) (This question specifically includes convictions, which have been sealed and/or expunged; such convictions will be disclosed on your criminal records check.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9)	Have you ever been charged with, convicted of, or pled guilty or no contest to, abusing, neglecting or mistreating a nursing facility resident in a court of law? (This question specifically includes convictions, which have been sealed and/or expunged; such convictions will be disclosed on your criminal records check.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10)	Have you ever been accused of patient/resident abuse or neglect by a resident, family member, former employer, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11)	Are you currently (or have you ever been) excluded from a federally funded health care program, such as Medicare or Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12)	Have you ever been investigated, sanctioned, or entered into a settlement agreement for the violation of any State or Federal law related to laws regarding the billing of services and the referral of patients, laws relating to resident abuse and neglect or health care fraud?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Working Conditions & Requirements

You are applying to work in a Senior Living Residence. There are certain risks and conditions of employment inherent in working in a Senior Living Residence that you should consider before submitting this Application. The job for which you are applying:

- May require you to work throughout the facility, which may include resident rooms, bathing rooms, kitchen and dining area.
 - Will involve interactions with residents, fellow employees, visitors, contractors/vendors, and government officials.
 - May expose you to air contaminants, hazardous chemicals, blood, body fluids, infectious diseases, including, but not limited to, tuberculosis, hepatitis, HIV/AIDS, and Legionnaire's disease.
 - May subject you to hostile and emotionally upset residents, family members, personnel and visitors.
 - May cause you to work beyond normal working hours, on
- weekends and holidays, and in other positions temporarily, when necessary.
 - Will require you to adhere to a dress code.
 - Is subject to call-back or call-in during emergency conditions and when staffing needs require.
 - May subject you to injury from falls, equipment, residents acting out, etc. through the workday, as well as reactions to resident medications.
 - Will require you to work rotating weekends and holidays.

It is important that you fully understand that regardless of the position for which you are applying, working in a Senior Living Residence requires patience, skills, and certain physical requirements. With or without the aid of an accommodation, the job for which you are applying may require you to:

- Move intermittently throughout the day.
 - Read, speak and write English fluently.
- See and hear (or use prosthetics or devices that will enable these senses to function adequately) to ensure that the requirements of the position are met.

EMPLOYMENT REFERENCE INQUIRY

From: The Living Center
201 North Main Street
Mount Vernon, Ohio 43050

Date: _____

To: _____

Address: _____

City/State: _____ Zip: _____

The person Named in the space below has applied to us:

Position: _____

Applicant's Name: _____

Address: _____

Worked for you in the year(s): _____

Since the applicant referred to you as a former employer, or just a reference, we would consider it a favor, both to the applicant and to us, if you will give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We will greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form to you. Please be further assured that all information will be held in strict confidence.

I give permission for the above company to release the following information regarding my employment.

Applicant's Signature: _____ Date: _____

To be completed by Reference:

The applicant's:

INTEGRITY IS	___ HIGH	___ AVERAGE	___ FAIR	
NEATNESS IS	___ VERY NEAT	___ NEAT	___ AVERAGE	___ FAIR
CONSCIENTIOUSNESS IS	___ HIGH	___ AVERAGE	___ FAIR	___ POOR
INTELLIGENCE IS	___ HIGH	___ GOOD	___ AVERAGE	___ SLOW
SKILL IN POSITION WAS	___ EXCELLENT	___ GOOD	___ AVERAGE	___ POOR
COOPERATION WAS	___ EXCELLENT	___ GOOD	___ AVERAGE	___ POOR
ABSENTEEISM WAS	___ HIGH	___ AVERAGE	___ LOW	

REASON FOR SEPARATION/REMARKS: _____

ELIGIBLE FOR RE-HIRE ___ YES ___ NO

COMPLETED BY: _____

REQUESTED BY: _____