

Country Living Assisted Living Job Application

Name _____

Home Phone _____ Cell Phone _____

Best contact time: _____

Address _____

City _____

If you are not a United States citizen, can you establish that you are authorized to work in the United States? Yes ___ No ___ Work permit # _____

Are you at least 16 years of age? Yes ___ No ___

Have you ever been discharged from any position? Yes ___ No ___

If yes, what were the circumstances? _____

Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, pled nolocontendre, or received a deferred sentence? Yes ___ No ___

If Yes, please describe.

Are you on the Department of Social Services Disqualification List for the state of Missouri?

Yes ___ No ___

Have you been, or are you presently, excluded from participation in federal health care programs, including Medicare and Medicaid, through action taken by the Office of Inspector General or General Services Administration? Yes ___ No ___

Do you have any relative working at Country Living Assisted Living? Yes ___ No ___

Salary Requirements: \$_____/hour

Do you have a high school diploma or GED? Yes ___ No ___

What shift and days of the week are you available to work? _____

Education (Most Recent First)

1. Education Type: _____

School: _____

Your name at that time: _____

City: _____

Degree: _____

Month/Year Degree: _____

Additional Information: _____

2. Education Type: _____

School: _____

Your name at that time: _____

City: _____

Degree: _____

Month/Year Degree: _____

Additional Information: _____

3. Education Type: _____

School: _____

Your name at that time: _____

City: _____

Degree: _____

Month/Year Degree: _____

Additional Information: _____

Present or Last Employer:

1. Type of Organization: _____

Phone: _____

Address: _____

City: _____

Position: _____

Department: _____

Name of Supervisor: _____

Month/Year employed: From _____ To _____

Last Rate of Pay: \$ _____

Reason for Leaving: _____

Your name at that time: _____

May we contact your present employer: Yes ___ No ___

If Military Experience: Date of Discharge _____ Rank at Discharge: _____

2. Type of Organization: _____

Phone: _____

Address: _____

City: _____

Position: _____

Department: _____

Name of Supervisor: _____

Month/Year employed: From _____ To _____

Last Rate of Pay: \$ _____

Reason for Leaving: _____

Your name at that time: _____

3.Type of Organization: _____

Phone: _____

Address: _____

City: _____

Position: _____

Department: _____

Name of Supervisor: _____

Month/Year employed: From _____ To _____

Last Rate of Pay: \$ _____

Reason for Leaving: _____

Your name at that time: _____

4.Type of Organization: _____

Phone: _____

Address: _____

City: _____

Position: _____

Department: _____

Name of Supervisor: _____

Month/Year employed: From _____ To _____

Last Rate of Pay: \$ _____

Reason for Leaving: _____

Your name at that time: _____

Please explain any gaps in your employment history: _____

Professional References

Include at least two references other than friends or relatives.

Name _____

Address: _____

Phone: _____

Relationship: _____

Name _____

Address: _____

Phone: _____

Relationship: _____

Name _____

Address: _____

Phone: _____

Relationship: _____

Credentials

Credential Type: ___ Certification ___ License ___ Registration

Credential Information (please include any license numbers): _____

List any other experience, skills, training, volunteer work, memberships, or special awards that may be pertinent to the position (s) for which you are applying (exclude those which indicate race, color, sex, religion, or national origin):

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misrepresentation or omission of information requested on this form is cause for cancellation of the application or for termination if employed. In consideration of my employment, I agree to conform to all rules and provide this entity with any and all information concerning my previous work and/or school records and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I further agree that this entity may furnish like information to those with whom I may hereafter seek employment and hereby agree to hold this entity free and harmless from any and all liability therefore. I understand that my employment at this facility depends on many factors to include, but are not limited to, satisfactory performance of my duties, my compliance with this facility policies and procedures, availability of work for which I am trained, and various other factors. I acknowledge the right of Country Living to make changes in compensation policy and benefits without notice and understand that only promises made to me in writing by an authorized official will be honored by this organization. I understand that in order for this entity to maintain its standards of care and orderly operations, I may be required to sometimes work overtime. I understand also that any offer of employment is conditional upon review of my criminal history, if any, drug tests, and other job considerations set by this facility. I understand that my employment is subject to termination at any time by either myself or this facility, and that I have no contractual right of employment. I understand that as a condition of employment with Country Living, I may be required to submit a physical examination or license verification in order to fulfill the essential functions of the position, and I hereby agree to submit to such a procedure.

I realize that this operation is a 24-hour-per-day, 7-day-per-week schedule. Although an initial schedule has been explained to me, I realize I may be required to work differing schedules with changes in the days of the week I work, differing shifts, and great or fewer days in a pay period, depending on the census of patients.

In the event of any indebtedness I may incur to Country Living, I hereby authorize the facility to deduct from my salary amounts permissible by law and/or the extent of the indebtedness.

I agree to submit to final binding arbitration as the only way of settling any and all claims, disputes, disagreements or controversies that arise from or relate to my application, candidacy for employment, employment or cessation from employment with Country Living. I understand that the arbitrator for the forum would be neutral and would follow instead of a court of law and/or a jury. I agree to accept this forum for binding, final arbitration, even though I know that the right to a court hearing and/or jury trial is a valuable right. Examples of issues that would be arbitrated include, but are not limited to, claims involving the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the Civil Rights Act of 1991, the American with Disabilities Act, the law of contract, the law of tort, and other claims arising from federal, state or local laws or ordinances.

signature

