

Section 3: 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?

Monday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

On what date are you available to start work? _____

Section 4: 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 5: Employment History (Please start with present or most recent)

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

Section 6: 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: _____

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: _____

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: _____

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: _____

Section 7: 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 8: 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 Union Court Assisted Living 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 Union Court Assisted Living, 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 representative 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 Union Court Assisted Living, 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 this discovery is made after employment begins.

Applicant Signature

Date

Section 9: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Union Court Assisted Living. 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 Union Court Assisted Living 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.