

HIGHLAND PARK CARE CENTER EMPLOYMENT APPLICATION



LAST NAME	FIRST	MIDDLE	TODAY'S DATE mm/dd/yy
STREET ADDRESS			TELEPHONE NUMBER
CITY, STATE, ZIP			CELL PHONE
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US OR ANY OTHER VETTER HEALTH SERVICES FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES: MONTH AND YEAR <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>			
IF YES, WHICH FACILITY(IES)?			
POSITION DESIRED		ARE YOU OVER THE AGE OF 16? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE DID YOU HEAR ABOUT US?		ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEWSPAPER <input type="checkbox"/> INTERNET <input type="checkbox"/> JOB FAIR <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER _____			
ARE YOU AVAILABLE FOR FULL-TIME WORK <input type="checkbox"/> YES <input type="checkbox"/> NO PART-TIME WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHECK ALL THAT APPLY <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> HOLIDAYS		WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?	
OTHER SPECIAL TRAINING OR SKILLS		ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION					
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE					
BUSINESS/ TECHNICAL					
OTHER					
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATION THAT WOULD HAVE SOME BEARING ON THE JOB.					

Highland Park Care Center is a Tobacco Free Facility

MILITARY

DID YOU SERVE IN THE US ARMED FORCES? YES NO IF YES, WHAT BRANCH? _____
DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING _____

EMPLOYMENT HISTORY (please use separate sheet if there is not enough room below)

CURRENT EMPLOYER/COMPANY NAME	TELEPHONE
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ADDRESS	CITY	STATE	ZIP	EMPLOYED (MONTH & YEAR) FROM _____ TO _____
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NAME OF SUPERVISOR	RATE OF PAY START _____ FINISH _____
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STATE JOB TITLE AND DESCRIBE YOUR WORK	MAY WE CONTACT THIS EMPLOYER??
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REASON FOR LEAVING

PREVIOUS EMPLOYER/COMPANY NAME	TELEPHONE
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ADDRESS	CITY	STATE	ZIP	EMPLOYED (MONTH & YEAR) FROM _____ TO _____
---------	------	-------	-----	--

NAME OF SUPERVISOR	RATE OF PAY START _____ FINISH _____
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STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
--	--------------------

PREVIOUS EMPLOYER/COMPANY NAME	TELEPHONE
--------------------------------	-----------

ADDRESS	CITY	STATE	ZIP	EMPLOYED (MONTH & YEAR) FROM _____ TO _____
---------	------	-------	-----	--

NAME OF SUPERVISOR	RATE OF PAY START _____ FINISH _____
--------------------	---

STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
--	--------------------

PREVIOUS EMPLOYER/COMPANY NAME	TELEPHONE
--------------------------------	-----------

ADDRESS	CITY	STATE	ZIP	EMPLOYED (MONTH & YEAR) FROM _____ TO _____
---------	------	-------	-----	--

NAME OF SUPERVISOR	RATE OF PAY START _____ FINISH _____
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STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
--	--------------------

PREVIOUS EMPLOYER/COMPANY NAME	TELEPHONE
--------------------------------	-----------

ADDRESS	CITY	STATE	ZIP	EMPLOYED (MONTH & YEAR) FROM _____ TO _____
---------	------	-------	-----	--

NAME OF SUPERVISOR	RATE OF PAY START _____ FINISH _____
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STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
--	--------------------

PERSONAL REFERENCES (DO NOT INCLUDE FAMILY MEMBERS)

NAME	OCCUPATION	PHONE NUMBER ()
NAME	OCCUPATION	PHONE NUMBER ()

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC TICKET?
 YES NO IF YES, PLEASE DESCRIBE

(A criminal conviction is not an absolute bar to employment, but will only be considered in relation to the specific job

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN ANY STATE OR FEDERAL HEALTH CARE PROGRAMS INCLUDING MEDICAID AND MEDICARE?

YES NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS (I.E. SPECIAL EQUIPMENT, LIGHTING, ETC.)?

YES NO

PROFESSIONALLY LICENSED OR CERTIFIED PERSONNEL

PROFESSIONAL LICENSE NUMBER

ARE YOU REGISTERED IN NEBRASKA?

YES NO

IF YOU ARE NOT REGISTERED, HAVE YOU APPLIED FOR RECIPROCIITY?

YES NO

OTHER STATES WHERE YOU ARE REGISTERED?

PLEASE READ AND SIGN BELOW

I CERTIFY AND AGREE AS FOLLOWS:

That this application will remain active for 30 days. If I would like to be considered for employment after 30 days, I will have to complete a new application.

That evidence of false statements or incomplete information on this application will be considered sufficient cause for immediate discharge if already employed.

That nothing contained in this application or in the interview process is intended to create an employment contract between Highland Park Care Center and myself. I understand that I have the right to terminate my employment at any time with or without notice or reason and that Highland Park Care Center retains a similar right.

If selected, I will obtain an employment physical through Highland Park Care Center. The physician and cost must have prior approval by Highland Park Care Center, and the physician must certify that I am able to work before I actually begin my employment.

If my job requires certification and/or education requirement, I am willing to complete the course and testing in a timely manner.

I understand that Highland Park Care Center is an Equal Opportunity Employer. All qualified persons are welcome to submit applications for employment. Applicants will be selected solely on qualification, without regard to race, color, creed, national origin, sex, pregnancy, genetics, disability, age, religion, marital status, or ancestry.

SIGNATURE _____

DATE _____

SIGNATURE REQUIRED ON NEXT PAGE PLEASE

REFERENCE CHECK

I consent to having Highland Park Care Center contact anyone that it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me. I also understand that Highland Park Care Center will check to determine if there is a history of past abuse of any residents.

I authorize Highland Park Care Center to release specific employment information to places where I have filed an employment application, whether during or after my employment at Highland Park Care Center.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

CERTIFICATION/LICENSE VERIFIED

YES NO

DATE _____

BY _____

ABUSE REGISTRY CALLED

YES NO

DATE _____

BY _____

NOTES:

START DATE _____ POSITION _____ SHIFT _____

NOTES:

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

▶ See separate instructions

HIGHLAND PARK
CARE CENTER

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____ : _____ :

Street address where you live _____

City or town, state, and Zip code _____

County: _____ Telephone no. (____) _____

If you are under age 40, enter your date of birth (month, day, year) ____ / ____ / ____

1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.3 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the last 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending within the last 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least 16 but **not** age 25 or older, **and**:
 - a. During the past 6 months, I have not attended a secondary, technical or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b. During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c. I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

5 Check here if you are a member of a family that:

- Received TANF payments for at least the last 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
- Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

Signature--All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

Highland Park Care Center CRIMINAL BACKGROUND CHECKS

Highland Park Care Center will do everything possible to protect the quality of life, safety and personal property of our residents and team members. Therefore, we will not knowingly hire anyone who has been convicted of an act that potentially affects their well-being. These acts include, but are not limited to abuse, neglect, violence, the use or distribution of illegal drugs, fraud, misuse of another's property, or theft of property. We will give some consideration for misdemeanor offenses, length of time since the conviction, efforts of rehabilitation and work record. However, we will not hire you if your conviction has a rational relationship to the position for which you are applying.

We will not consider you for employment unless you sign a release authorizing us to check on any past criminal convictions. The results of other background checks and reference checks are also used in our decision making process. Thank you for your understanding.

MORAL BEHAVIOR AND CRIMINAL BACKGROUND CHECK POLICY

Highland Park Care Center desires to select and retain team members whose moral behavior demonstrates their ability to respect and preserve the dignity, quality of life, safety and personal property of residents, family members, visitors, and other team members. Federal and State regulations restrict hiring and retention of care givers in long term care facilities who have been convicted of a crime of moral turpitude (corruption, demoralization, perversion, or vileness). Applicants are asked to disclose criminal convictions on the application form. Current team members are required to disclose arrests, convictions, and APS/CPS investigations to the administrator immediately and a failure to do so is cause for termination.

To assure fair and equal treatment for all applicants and team members, the following specific guidelines will be followed.

An applicant will not be hired and a team member will be terminated:

- ◆ If they have **any felony conviction** for assault, battery, theft, perjury, drug use**, possession of drugs or drug distribution.
- ◆ If they have a **misdemeanor conviction** within seven years of the time of employment for assault, battery, theft, perjury, drug use**, possession of drugs, or drug distribution.
- ◆ If they have **any felony or misdemeanor conviction** for theft, without regard to when the conviction occurred, **and** the responsibilities include the handling of the facility's or residents' money.
- ◆ If they have **any felony** conviction for prostitution, solicitation, voyeurism, pornography or indecent exposure.
- ◆ If they have **any felony or misdemeanor conviction** for prostitution, solicitation, voyeurism, pornography or indecent exposure **involving** a child or a vulnerable adult.

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Criminal Background Checks
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- ◆ If they have a ***misdemeanor conviction*** for prostitution, solicitation, voyeurism, pornography or indecent exposure within seven years prior to their hire date ***and*** the crimes did not involve a child or a vulnerable adult.
- ◆ If their responsibilities include handling medications and they have a ***conviction or licensure action*** for any drug related crime ***and*** are not meeting or have not met specific guidelines required by an appropriate authority (Board of Nursing, Department of Health, etc.).
- ◆ If they have an outstanding warrant out for their arrest or if they are in violation of probation or a court order.
- ◆ An applicant or team member ***convicted*** of driving under the influence of alcohol or drugs (DUI)**, or similar conviction, in the past ***seven years*** will not be allowed to drive a facility vehicle or transport residents by motor vehicle. Applicants who are unable to fulfill the requirements of the job due to a conviction will not be hired.

Applicants and current team members that have been convicted of illegal drug or DUI use *may be hired or rehired if*** they have been through drug and/or alcohol treatment, are not currently using drugs and/or alcohol, and are willing to submit to random drug and alcohol testing at any time during their employment.

DEFINITIONS

Examples of various crimes or behaviors help define the criminal activity and behavior but are not intended to be comprehensive. For purposes of this policy only:

Assault and/or Battery includes, but is not limited to, child abuse or neglect, kidnapping, assault and/or battery of a person, spouse abuse, murder or attempted murder, manslaughter, terroristic threats, arson, stalking, harassment, and rape or molesting another person.

Theft includes, but is not limited to, burglary, fraud, embezzlement, identity theft, extortion, forgery or extortion/bribery, racketeering, money laundering, tax evasion, robbery, shoplifting and more than one conviction for insufficient funds check.

Drug distribution includes, but is not limited to, the unlawful distribution of legal or illegal controlled substances, providing alcoholic beverages to minors, and possession with intent to sell or distribute illegal drugs.

Drug use includes, but is not limited to, theft or misappropriation of controlled substances with intent to use or possession of illegal drugs.