

The RIDGEWOOD *at Shenango Valley*

A Partners in Senior Care Corporation
CONFIDENTIAL
(Please Print Clearly)

Partners in Senior Care does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, ancestry, age or disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however its receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION

Name: _____

Address _____ Telephone Number () _____

_____ Cell Phone Number() _____

City _____ State _____ Zip Code _____

If you cannot be reached at the above phone number, where may we contact you? E-Mail Address: _____

Name of Person _____ Phone _____

Are you a citizen of the United States, or national, a lawful permanent resident or alien authorized for employment? Yes _____ No _____

EMPLOYMENT DESIRED

| Type of Work Desired | Shift | Salary Requirements |
|----------------------|-------|---------------------|
| First Choice: | | |
| Second Choice: | | |

Are you at least 18 years of age? Yes _____ No _____

Will you accept employment of: Full Time? Yes ___ No ___
Part Time? Yes ___ No ___

Are you employed now? Yes ___ No ___

May we contact your present/past employers? Yes ___ No ___

If no, please explain? _____

How did you learn of this opening? _____

EDUCATION

Circle Highest Grade Completed: 8 9 10 11 12 13 14 15 16

| | Name of School | Location (City, State) | Diploma, Degree Or Certificate Received |
|-------------|----------------|------------------------|---|
| High School | | | |
| College | | | |
| Vocational | | | |
| Business | | | |

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

| Type | Organization or state issued | Expiration Date | Number |
|------|------------------------------|-----------------|--------|
| | | | |
| | | | |
| | | | |

Have you ever been in the U.S. Armed Forces? Yes ___ No ___

Are you presently a member of the National Guard or Reserves? Yes ___ No ___

Have you ever plead guilty to, or been convicted of any crime other than a misdemeanor or summary offense? Yes ___ No ___

If yes, please explain: _____

EMPLOYMENT RECORD (List last or present position first)

| Present and former Employer | Dates Employed | Position | Duties | Salary | Reason for Leaving (Be Specific) |
|---|--------------------------|----------|-------------------------|--------|----------------------------------|
| Name _____ Address _____ Supervisor's Name _____ Phone _____ | From: _____ To: _____ | | _____ _____ _____ | | _____ _____ _____ |
| Name _____ Address _____ Supervisor's Name _____ Phone _____ | From: _____ To: _____ | | _____ _____ _____ | | _____ _____ _____ |
| Name _____ Address _____ Supervisor's Name _____ Phone _____ | From: _____ To: _____ | | _____ _____ _____ | | _____ _____ _____ |
| Name _____ Address _____ Supervisor's Name _____ Phone _____ | From: _____ To: _____ | | _____ _____ _____ | | _____ _____ _____ |
| Name _____ Address _____ Supervisor's Name _____ Phone _____ | From: _____ To: _____ | | _____ _____ _____ | | _____ _____ _____ |

In the past 10 years please explain any gaps in the above employment record: _____

If your former employment references, education or military services are under a name other than indicated on front of this application, please indicate below:

_____ Last First MI

AVAILABILITY RECORD

Are you available to work: Weekends Yes No
 Holidays Yes No
 Rotating Shifts Yes No

Please indicate days and hours you are available for work: (Be Specific)

| Day | Hours |
|------------------|------------------------------|
| Sunday | From: _____AM To: _____PM |
| Monday | From: _____AM To: _____PM |
| Tuesday | From: _____AM To: _____PM |
| Wednesday | From: _____AM To: _____PM |
| Thursday | From: _____AM To: _____PM |
| Friday | From: _____AM To: _____PM |
| Saturday | From: _____AM To: _____PM |

I voluntarily give Partners in Senior Care the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, medical doctors, school officials, law enforcement officials or Government officials supplying such information. I consent to take the post employment offer health screening, drug screening and such future physical examinations as may be required by this Partners in Senior Care at such times and places as Partners in Senior Care shall designate. I understand that I must receive criminal background clearance and hereby give Partners in Senior Care permission to conduct criminal background verification.

I understand that I will be required to follow the personnel policies and rules of Partners in Senior Care and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form, or any supplement thereto or during any pre-employment interviews.

I further understand that Partners in Senior Care follows federal, state and local laws prohibiting discrimination in the hiring of individuals based on sex, color, national origin, ancestry, race, religion, age or disability unrelated to the ability to perform the work required. I understand that if I am employed, it is employment at will and employment is subject to termination at any time at the discretion of the employer without liability, except for payment of salary or wages earned up to the date of termination.

I understand that if I am employed it will be on a probationary or trial basis during the first 90 days of employment. Upon my termination I authorize the release of reference information on my work.

DATE

SIGNATURE

REQUEST FOR REFERENCE

I hereby authorize release of the requested information and release Partners in Senior Care and any disclosures of information from any liability as a result of the contents of the response to this information request.

DATE

SIGNATURE

FOR PARTNERS IN SENIOR CARE USE ONLY: DO NOT COMPLETE ANYTHING ON THIS PAGE

To: _____
Address: _____
Subject: _____
Employment Record Of: _____
Position Applied For: _____
Social Security Number: _____

The above person claims employment with you as a _____ for the period of _____ to _____
We would appreciate it if you would verify this claim and fill out the questionnaire below.

This information will be held in strict confidence.

THANK YOU FOR YOUR ASSISTANCE!

Personnel Department-Partners in Senior Care

Employed From _____ To _____

Position or Job Title _____

| Work Record (check one): | Excellent | Good | Average | Fair | Poor |
|---------------------------------|------------------|-------------|----------------|-------------|-------------|
| Quality of Work | _____ | _____ | _____ | _____ | _____ |
| Capacity for Responsibility | _____ | _____ | _____ | _____ | _____ |
| Thoroughness of Work | _____ | _____ | _____ | _____ | _____ |
| Attendance | _____ | _____ | _____ | _____ | _____ |
| Relationship with Others | _____ | _____ | _____ | _____ | _____ |
| Loyalty | _____ | _____ | _____ | _____ | _____ |
| Integrity | _____ | _____ | _____ | _____ | _____ |
| Dependability | _____ | _____ | _____ | _____ | _____ |
| Adaptability | _____ | _____ | _____ | _____ | _____ |

Supervision Required No _____ Yes _____ Most of the Time _____

Would you re-employ? Yes _____ No _____

If No, state reason: _____

Reason for leaving your employment? _____

Information furnished by: Title: _____ Date: _____

Signature: _____

For Partners in Senior care use only:

Start Date: _____

Rate: _____

Status: _____

Position: _____