



**Application for Employment**

**Name of Applicant:**

**Address:**

**Telephone Number:**

**Social Security Number:**

**Date Available to Begin Work:**

**Driver's License Number & State:**

**1. Position(s) & locations you are applying for:**

*Circle one of the following:* Kitchen Manager | Relief Cook | Personal Care Attendant (AM, PM or Nights) | Executive Director | Nurse | Marketing Director | Activity Director | Activity Assistant | Maintenance | Housekeeping

*Locations:* Buda  | Signal Hill  | Livingston

**2. Are you a United States Citizen or otherwise eligible for employment in the United States?** Yes  No

*Proof of identity and eligibility to work in the United States will be required prior to commencement of employment.*

**3. Are you over 18 years of age?** Yes  No

*If no, employment is subject to verification of minimum legal age.*

**4. Do you have any friends or relatives who work here?** Yes  No

If yes, list names:

**5. Have you ever been convicted of a crime other than a minor traffic violation?** Yes  No

If yes, please explain:

*Certain Convictions may bar employment opportunities if the offense is listed as an offense that bars employment under the Health and Safety Code Chapter 250, House Bill 8 and Senate Bill 199 (80<sup>th</sup> Regular Session).*

**6. Salary/Hourly range you are seeking:** \$

**7. Please provide the following information about each technical school, college, or occupational training program that you have attended:**

Name School:

City and State:

Length of Program (months):

Last Grade Completed:

Special Courses or Certifications:

Name School:

City and State:

Length of Program (months):

Last Grade Completed:

Special Courses or Certifications:

*Cut and paste the text and fields above to add additional information*





17. Please provide the name, address and telephone number of three references not related to you (other than former employers):

Name: Phone: Relation:

Name: Phone: Relation:

Name: Phone: Relation:

18. Who should we contact in the case of an emergency?

19. Are you presently under a non-competition, trade secret, or nondisclosure agreement with any current or past employer? Yes [ ] No [ ] If yes, please explain:

21. How did you learn of the job opening?

22. Are you presently using or have you ever used illegal drugs within the last 90 days? Yes [ ] No [ ]

If yes, please explain:

*Provident Memory Care is a drug and alcohol free environment*

23. As part of the duties of the job for which you have applied, are you able to:

- Stand for extended periods of time? Yes [ ] No [ ] If no, please explain:
Lift up to 50 lbs? Yes [ ] No [ ] If no, please explain:
Frequent Stooping and Bending? Yes [ ] No [ ] If no, please explain:
Frequent exposure to cleaning chemicals used in housekeeping functions? Yes [ ] No [ ]

24. Please check your experience level, if any, with the following applications or equipment:

Table with 4 columns: Experience Level, Novice, Intermediate, Expert. Rows include Microsoft Windows XP, Microsoft Word 2003/2007, AL Wizard, Gmail, General Office Equipment.

25. Please list, on an additional page if necessary, any job related certifications you have:



**ACKNOWLEDGEMENTS, CERTIFICATIONS, AND AGREEMENTS**

\_\_\_\_ (initial) I certify that the information given by me in this application and on my resume is true in all respects. I agree that if I am employed and the information is found to be false or misleading in any respect, I will be subject to immediate dismissal if and when discovered.

\_\_\_\_ (initial) Should I be employed, I understand that such employment will be on a probationary basis for a period of six months from the date of hire. I further understand that completion of the probationary period will not result in any employment contract, or employment for any specific term, but that I shall remain employed solely on an at-will basis. I will be subject to dismissal or discipline without notice or cause, at the discretion of Provident Memory Care. I understand that the at-will basis of my employment may only be altered in writing signed by the President or Vice President of Provident Memory Care.

\_\_\_\_ (initial) I understand that this application will only be considered for 90 days and that if I am not employed by Provident Memory Care during that period, it will be necessary for me to file a new application for employment with Provident Memory Care for further consideration.

\_\_\_\_ (initial) In order to provide Provident Memory Care with information and opinions that will be used by Provident Memory Care in its hiring decisions, I authorize any person, school, current or past employer, organization or entity disclosed in my resume, application or interview [or disclosed through a consumer report] to provide any information and opinions regarding me, including without limitation, information concerning my performance, reputation, and character. I acknowledge that the information or opinions may be negative or positive with respect to me, and I may not necessarily agree with the information or opinions. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any and all legal liability for furnishing such information and opinions and I unconditionally release Provident Memory Care from any and all legal liability, including liability for defamation, in connection with its receipt and use of the reference. I agree not to bring a suit against any person or entity.

\_\_\_\_ (initial) In consideration for processing my application for employment, promotion or retention, I hereby authorize Provident Memory Care to receive information concerning my employment suitability and qualification. This may include information on my past employment and education, criminal records, credit history, motor vehicle records, personal references and other job related data. I understand Provident Memory Care may utilize the services of an outside agency to obtain such information and I authorize Provident Memory Care to do so. I understand I have the right to request from the consumer reporting agency used by Provident Memory Care additional information about the nature and scope of the report. I request and authorize the appropriate individuals, companies, institutions, or agencies to release information to a consumer reporting agency and to Provident Memory Care and I release them from any liability as a result of such inquiries or disclosures. I also release Provident Memory Care and the consumer reporting agency from any and all liability with respect to the release or dissemination of any such information. I understand and agree that my employment, promotion, or retention may be determined in whole or in part based on the reports issued to Provident Memory Care.

\_\_\_\_ (initial) In consideration for processing my application for employment, **I hereby authorize** Provident Memory Care to check the Employee Misconduct Registry, (EMR), the Nurse Aide Registry (NAR), prior to offering a position of employment. Each applicant must be notified that if they are identified as being listed on either of the registries, they are ineligible for hire. Furthermore, if an employee refuses to allow Provident Memory Care to verify the registry, the applicant will not be eligible to continue the application process with Provident Memory Care.

\_\_\_\_ (initial) In consideration for processing my application for employment, **I hereby authorize** Provident Memory Care to complete a criminal history check prior to offering a position of employment.

A photocopy or facsimile of this signed Authorization shall have the same force and effect as the original signed by me. **Date** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_