| The View Com | nunities | | | | | |
|--|--------------------|----------|------------------------|-------------|-----------------|------------------------|
| ASSISTED LIVING & "WHERE HOPE BECOM | | | | | | |
| WHERE HOPE DECON | | | En | nployn | ient A | pplication |
| Circle Position Applying For: | Resident Assistant | LPN | RN | Housekee | per S | erver Cook |
| | Activity Personnel | Concie | erge Sa | ales Ex | xecutive N | lanagement |
| | Maintenance Busin | ness O | office/Acco | ounting | | |
| Contact Information | | | | | | |
| Please Print: | | | | | | |
| Date: | | | | | | |
| Name: | | | | | | |
| Last | F | First | | Middle | | |
| Address: | | City | | State | | Zip |
| Telephone: () - | | 5 | ess. | | | |
| Are you 18 years of age or older? | | | | | | |
| Month of Birth D Education Nan | ay of Birth | | #Years C | Completed | Deg | ree/Diploma |
| High School | | | | | | |
| C 11 | | | | | | |
| Technical or Other | | | | | | |
| Employment Record | | | | | | |
| Company Name and A | | osition: | Date Start Left: | ad/ | Rate of Pay: | Reason for Leaving: |
| 1 | | | | | | |
| Contact Person: | | | | | | |
| 2 | | | | | | |
| Contact Person: | | | | | | |
| 3 | | | | | | |
| Contact Person: | | | Can we co | ntact them? | ? 🗌 Yes | 🗌 No |



Employment Application

| Have you ever been employed here before? Yes No If yes, when? |
|--|
| In order to check your past work record, have you ever worked under a different name during your employment |
| history? If so, please provide |
| U.S. Military Service |
| Branch of Service |
| From to |
| Discharge Status |
| Rank and Type of Service |
| Training/Experience Received |
| Reference List |
| Provide information requested on three business/work or school references who are not related to you. Include name/occupation/years known and current address/phone. |
| 1 |
| 2 |
| 3. |
| 5 |
| Employment |
| Salary Desired |
| Number of hours per week Shift Desired Start Date |
| Indicate status desired: Full-time Part-time Temporary |
| How were you referred to our Organization? |
| Do you have any relatives who are currently employed by this Organization? 🗌 Yes 🔲 No |
| Please specify |
| Have you ever been convicted of a felony or a misdemeanor other than a traffic violation? 🗌 Yes 🗌 No |
| If yes, please explain conviction, nature of offense, date of offense and sentence imposed. |
| |
| Please list any additional information that relates to your ability to perform the job for which you have applied, |
| such as licenses, professional memberships, hobbies etc. |



Employment Application

Have you ever been excluded from participation as a provider in the Medicare or Medicaid Program? Yes No

If yes, provide dates of exclusion and reinstatement.

Were you ever registered on the General Service Administration's Excluded parties list? Yes No If yes, provide dates and details of circumstances.

Have you ever been denied a job or prevented from participation in bidding for contracts, or for acting as a vendor to any state or federal agency? Yes No If yes, provide dates and details of circumstances.

Have you ever, or are you currently involved in any form of disciplinary or investigative process before any state licensing body or any accrediting body? Yes No If yes, provide details

| Are you now, | or have you | ever been liste | d on any state | e Child Abuse o | or Adult Abuse F | Registry? |
|--------------|-------------|-----------------|----------------|-----------------|------------------|-----------|
| Yes No |) | | | | | |

If yes, provide dates and details of circumstances.

Please list all names you have used in the past.

Have you ever had your name legally changed?

Yes No

If, yes provide your name prior to it being legally changed.