

Name and address of emergency contact:

First Name	Last Name
Phone	Alt/Cell Phone

Have you ever been convicted of a crime? Yes No
(Answering yes to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you? Yes No
(Answering yes to this inquiry will not automatically disqualify you.)

Have you ever worked for this organization in the past? Yes No

If so, did you work under a different name? Yes No

If yes, is any additional information relative to a different name necessary to check your work record?
 Yes No

If yes, please explain: _____

If the position for which you applied requires you to drive while on duty, do you have a valid driver's license? Yes No

Section III: 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?

Mon	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Tues	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Wed	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Thur	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Fri	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Sat	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Sun	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening

On what date are you available to start work? _____

Section IV: Education

High School _____
Name Address

Did you graduate? Yes No

College/University

Name

Address

Did you graduate? () Yes () No

If yes, what degree(s) did you obtain? _____

Business/ Trade
School

Name

Address

Did you graduate? () Yes () No

If yes, what degree(s) did you obtain? _____

Section V: Employment History (Please start with present or most recent employer)

Company Name: _____ Telephone: _____

Address: _____ Employment Dates (month/year)

From: _____ To: _____

Position Title: _____ Pay Rate (hourly/salary)

Start: _____ To: _____

Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates (month/year)

From: _____ To: _____

Position Title: _____ Pay Rate (hourly/salary)

Start: _____ To: _____

Name of Supervisor: _____ Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates (month/year)

From: _____ To: _____

Position Title: _____ Pay Rate (hourly/salary)

Start: _____ To: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact your current supervisor or manager? () Yes () No

If no, why? _____

If yes, who may we contact? _____

Name

Title

Phone

Have any of your previous employers served persons funded through a community mental health (CMH) entity? () Yes () No

If yes, which CMH entities were involved? _____

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you? () Yes () No

Section VI: 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: _____ Phone: _____

Address: _____ Years known: _____

Name: _____ Phone: _____

Address: _____ Years known: _____

Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: _____ Phone: _____

Address: _____ Years known: _____

Name: _____ Phone: _____

Address: _____ Years known: _____

Do you have any of the following licenses or certifications?

Certified Nurse Aide (CENA) () 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 _____

Section VII: 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 released In Your Golden Years 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 In Your Golden Years, 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 representatives 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 In Your Golden Years, 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.

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 the discovery is made after employment begins.

Section VIII: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulation of In Your Golden Years. 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:

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 that date.