DEACONESS
ASSOCIATIONS INCORPORATED

Compassionate
PEOPLE
Responsive
HEALTHCARE
Excellent
SERVICE

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

INSTRUCTIONS: *Please PRINT all answers in ink **or** type. Mark those questions, which do not apply to you as "N/A". Carefully read the statement at the end of the application and sign your name.*

Last Name_____ First Name_____ Middle Initial_____

Current Address_____ Apartment No. _____
(No. and Street)

City_____ State_____ Zip_____ Home Phone No. ( )_____

Alternate Phone No. ( )_____ Social Security No._____

Other names under which you have previously been employed:_____ Are you at least 18 years of age? [] Yes [] No

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Are you eligible to work in the U.S.? [] Yes [] No

Were you previously employed by this company or any of its affiliates? [] Yes [] No

*If yes, Location(s)?*_____ *Year(s)?*_____ *Position(s) held?*_____

Are you related to anyone employed by this company or its affiliates? [] Yes [] No

*If yes, give name(s) and relationship(s):*_____

Have you ever been convicted of a Felony? [] Yes [] No *If yes, please explain*:_____

(A felony conviction will not necessarily disqualify you from consideration)

Position Applied For: (*1*)_____ Position Applied For: (*2*)_____

If applying for a position that requires driving, do you have a valid Drivers License? [] Yes [] No

*Drivers License #:*_____ *State of Issue:*_____ *Expiration Date:*_____

Are you looking for: []Full time [] Part time

What shifts are you willing to work? [] 1st [] 2nd [] 3rd [] Any

Are you willing to rotate weekends? [] Yes [] No

If yes, what shift(s) are you available? [] 1st [] 2nd [] 3rd [] Any

Date available?_____

Desired Salary?_____

FOR OFFICE USE ONLY
(TO BE COMPLETED ONLY IF APPLICANT IS HIRED)

Location_____ **Department**_____ **Hire Date**_____ **Title**_____

[] FT [] PT [] PRN [] Other_____ File No._____ **Badge No.**_____ **Base Compensation** $_____ [] Salaried (Exempt)

Rehire? [] YES [] NO [] Hourly (Non-Exempt)

Federal Taxes:
Filing Status [] Married [] Single *Exemptions*____ Addt'l Withheld_____

Shift Differentials:
Rate 1_____ **Rate 2**_____ **Rate 3**_____

State Taxes:
Filing Status [] Married [] Single *Exemptions*____ Addt'l Withheld_____

Local Taxes: _____City **Degree Yr**:_____ **[] Associates [] Bachelors [] Masters [] Other** _____

EEO Class: [] W [] B [] A [] NH/PI [] AI/AN [] H

Birthdate:_____
(Month/Day/Year)

Hired By:_____

Approved By:_____ **Date:**_____
(Signature)

EDUCATION

Please circle highest grade completed:

Grade or High School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6+

List all schools attended: high school, technical/vocations, college, business and military.

Type of School	Name and Address of School	General Information	Major/ Specialty
High School	Name Street City/State	GPA_____ Did you Graduate? [] Yes [] No	
College	Name Street City/State	GPA_____ Did you Graduate? [] Yes [] No	
Nursing or other (specify)	Name Street City/State	GPA_____ Did you Graduate? [] Yes [] No	
Other (specify)	Name Street City/State	GPA_____ Did you Graduate? [] Yes [] No	

LICENSES/SPECIALIZED TRAINING/SKILLS

List any current professional licenses and/or areas of certification that are job related

List any additional training, internships or apprenticeships, and any professional organization that are job related

List all equipment (office, trade or laboratory) that you operate proficiently.

Typing Speed_____ WPM

Language Skills_____

List all PC Software Knowledge:

EMPLOYMENT RECORD

Please list all previous positions held in the last 10 years including military service (most recent first).
NOTE: Please complete this section even if you are attaching a resume to this application.

From: Month YR	Name (Present and most recent employer)			Title of Position
To: Month YR	Address - Street			Number of Hours Worked per Week
Final Salary	City	State	Zip	Reason for Leaving
Other Compensation	Supervisor's Name	Telephone No.	Department	Type of Business:
MAJOR DUTIES				May we contact this employer? [] Yes [] No

From: Month YR	Name (Next and most recent employer)			Title of Position
To: Month YR	Address - Street			Number of Hours Worked per Week
Final Salary	City	State	Zip	Reason for Leaving
Other Compensation	Supervisor's Name	Telephone No.	Department	Type of Business:
MAJOR DUTIES				May we contact this employer? [] Yes [] No

From: Month YR	Name (Next and most recent employer)			Title of Position
To: Month YR	Address - Street			Number of Hours Worked per Week
Final Salary	City	State	Zip	Reason for Leaving
Other Compensation	Supervisor's Name	Telephone No.	Department	Type of Business:
MAJOR DUTIES				May we contact this employer? [] Yes [] No

From: Month YR	Name (Next and most recent employer)			Title of Position
To: Month YR	Address - Street			Number of Hours Worked per Week
Final Salary	City	State	Zip	Reason for Leaving
Other Compensation	Supervisor's Name	Telephone No.	Department	Type of Business:
MAJOR DUTIES				May we contact this employer? [] Yes [] No

BUSINESS REFERENCES

(EXCLUDE PERSONAL FRIENDS/FAMILY MEMBERS)

Name ______________________
Address ______________________
City/State ______________________
Phone ______________________

Name ______________________
Address ______________________
City/State ______________________
Phone ______________________

Name ______________________
Address ______________________
City/State ______________________
Phone ______________________

Name ______________________
Address ______________________
City/State ______________________
Phone ______________________

REFERRAL SOURCE
(CHECK ONE)

[] Internet (*List Site*)_____
[] Walk-in
[] Newspaper
[] Employment Agency
[] Friend/Relative
[] TV or Radio
[] Employee Referral (List Employee Name)
_____
[] Other _____

AUTHORIZATION AND AGREEMENT

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation or concealment of fact is sufficient grounds for either immediate discharge without recourse or refusal of employment by the organization. I understand that my answers on this application may be verified. I understand that this application will be kept active for a period of three months.

I also understand that any offer of employment is a management decision, and may be subject to a satisfactory check of references, the satisfactory results of a medical examination, the satisfactory completion of appropriate immigration requirements, and the satisfactory results of a substance screen test. I authorize all individuals and organizations named or referred in this application and any law enforcement organization to provide all information relative to my employment, work habits, and character, and release such individuals, organizations, and Deaconess Associations, Inc. from any liability for such claims or damage, which may result.

If I am employed by Deaconess Associations, Inc., I agree to furnish blood and urine samples if requested for the purpose of substance screen testing. I understand and agree that if such tests are positive or if I refuse substance screen testing, my employment with Deaconess Associations, Inc. will be terminated immediately without recourse.

I understand, if employed, I will be subject to an initial three-month observation period, which can at the organization's discretion, be extended.

I understand that my employment with Deaconess Associations, Inc. is at-will, that I can resign at any time and for any reason, and that the organization may release me at any time for any reason.

If employed, I agree to abide by all rules and regulations of Deaconess Associations, Inc.

I understand and agree that the existing rules, regulations and benefits of the organization may be altered, amended or abolished without prior notice to me. Further, I do not and will not rely on the continuation of any or all of the rules, regulations or benefits in deciding to accept employment by the organization or in deciding to continue my employment in the future with the organization.

I understand that the above statements represent the sole conditions of my employment and that these conditions can be changed by an officer of Deaconess at any time in the sole and absolute discretion of Deaconess Associations, Inc.

Date _____ **Signature** _____

Deaconess Long Term Care

Self Identify Race Form

Deaconess Long Term Care (DLTC) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, DLTC invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date:_____ Location:_____

Employee Name:_____

Please check the appropriate race to self-identify your race.

( ) **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

( ) **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

( ) **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

( ) **Native Hawaiian or Other Pacific Island (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

( ) **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.

( ) **American Indian or Alaskan Native (Not Hispanic or Latino)**: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachments.

( ) **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the five races.
(Note: If one of your races is Hispanic or Latino, then mark Hispanic or Latino NOT two races.)

If further clarification is needed, please contact Jack Foster at 816-333-0799.

FOR OFFICE USE ONLY: In the event that an employee fails to self-identify, the employer **must** submit info on the employee's behalf.

( )Employee did not self-identify; employer information follows:
- ( )Visual identification used to determine race – face-to-face identification
- ( )Documents used for race identification
  - ( )Driver License
  - ( )other:_____

_____

Signature of Person Conducting Visual Identification of Race Date

Pre-Employment Drug Screening Agreement

(Provide to all prospective employees and include in personnel file)

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my being accepted for employment with Deaconess Long Term Care, Inc. I understand that refusal to submit to the urinalysis screen, or failure to qualify according to the minimum standards established by the Company for this screen, may disqualify me from further consideration for employment.

I release my potential employer from any liability as a result of my participation in drug and or alcohol screening.

I further understand that, should I be offered and accept a position with the company; I may be required to submit to a drug urinalysis and alcohol screening during my employment. I understand that refusal to take any requested drug urinalysis and alcohol screening or failure to meet the minimum standards set for the screens may result in immediate discharge.

This company herby states it's policy relating to those employees who test positive on a drug screen to be as follows:

Deaconess Long Term Care, Inc. has a zero tolerance drug-free workplace policy. Any employee who tests positive on a drug and/or alcohol screen will be terminated from employment. Such a person may initiate an inquiry with the company after six (6) months and successful completion of a drug or alcohol rehabilitation program. There is no assurance of re-employment.

The company will not discriminate against any applicant for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol which prevent employees from properly performing job assignments and will not be tolerated by this company.

I have read in full, or had read to me, and understand the above statement and conditions of employment.

_____ _____

Prospective Employee (Please Print) Date

_____

Prospective Employee Signature

Background and Reference Check Authorization Form

As part of the pre-employment process at Deaconess Long Term Care, I understand that the company will seek and obtain background and reference check reports. These investigative reports may include, but are not limited to:

- OIG/GSA Sanction List Checks
- SSN Former Employee Verification
- References from at least two (2) former employers
- Social Security Number Verification or E-Verify for eligibility to work in the United States.
- Criminal Background Check (Fingerprinting for OH locations)
- Professional License Verification

I understand that these records are used to determine eligibility and qualification for employment with Deaconess Long Term Care, Inc. If I am hired, I also authorize the full release of the information described above without any reservation, throughout any duration of my employment. I also certify that all information provided below and on my application/resume is correct to the best of my knowledge. Any false statements provided in this form and my application/resume will be considered "just cause" for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge Deaconess Long Term Care, Inc from any losses, damages and liabilities for the background and reference check process.

Signature _____ Date _____

Name _____
Last First MI

All other names used_____
Last First MI

Address_____ _____ _____ _____
Street City State Zip

Length of Residency: _____ Phone_____
If less then 5 years, list previous address:

Address_____ _____ _____ _____
Street City State Zip

Driver's License Number_____ State_____ Exp Date_____

SSN # _____- _____ - _____ Male ☐ Female ☐

_____ _____ _____
Professional License # Type State of Issue

Pre-Employment Reference Check

Dear _____, I _____have applied for
(Place of last employment) (Applicants signature)

for employment at _____ and have listed you as the previous employer. This signed form authorized the release of information regarding my employment with you. Any other information you can provide that would help in the consideration of employment would also be appreciated. Please return by faxing to the number provided at the top of this form.

Name of applicant _____ Social _____

Employed from _____ to _____

(Below is to be filled out by former employer providing reference information)

Is the above information correct? ☐ Yes ☐ No
If No, please provide correct information:
_____
_____
Please check the following:

Attendance/Punctuality:	☐ Good	☐ Average	☐ Poor
Quality of work:	☐ Good	☐ Average	☐ Poor
Ability to work well with others:	☐ Good	☐ Average	☐ Poor

Reason for leaving:

_____
Would you re-hire this applicant? ☐ Yes ☐ No
If no, please explain:
_____
Additional Comments:
_____
_____
_____

_____ _____ _____
(Signature of person completing reference) Title Date

Pre-Employment Reference Check

Dear _____, I _____have applied for
(Place of last employment) (Applicants signature)

for employment at _____ and have listed you as the previous employer. This signed form authorized the release of information regarding my employment with you. Any other information you can provide that would help in the consideration of employment would also be appreciated. Please return by faxing to the number provided at the top of this form.

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(Below is to be filled out by former employer providing reference information)

Is the above information correct? ☐ Yes ☐ No
If No, please provide correct information:
_____
_____

Please check the following:

Attendance/Punctuality:	☐ Good	☐ Average	☐ Poor
Quality of work:	☐ Good	☐ Average	☐ Poor
Ability to work well with others:	☐ Good	☐ Average	☐ Poor

Reason for leaving:

_____

Would you re-hire this applicant? ☐ Yes ☐ No
If no, please explain:
_____

Additional Comments:
_____
_____
_____

_____ _____ _____
(Signature of person completing reference) Title Date