

PERSONAL REFERENCES (Not Former Employer or Relatives)

Name and Occupation	Address	Phone Number

EDUCATION RECORD

Do you have a high school education? Yes No If not, how many years have you completed?

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
College			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	

Other name under which previously employed _____

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied with or without reasonable accommodation?

Has a finding of patient abuse ever been imposed against you? Yes No

If yes, please describe:

-Nature of offense(s) _____

-Date(s) of findings _____

-Penalty Imposed: _____

Have you ever been included on a sanction list maintained by: (a) the US Department of Health and Human Services Office of Inspector General; or (b) the General Services Administration?

 Yes No If yes, please describe?

List below present and past employment, beginning with your most recent

1. Name and Address of Company and Type of Business Telephone:	Date Started Date Ended Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:			
2. Name and Address of Company and Type of Business Telephone:	Date Started Date Ended Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:			
3. Name and Address of Company and Type of Business Telephone:	Date Started Date Ended Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:			
4. Name and Address of Company and Type of Business Telephone:	Date Started Date Ended Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:			

If you prefer that we not contact your current employer at this time, please check here: ___

ACKNOWLEDGMENTS BY APPLICANT

Please read carefully and acknowledge your understanding and agreement by your signature below.

Pursuant to the Immigration and Reform and Control Act of 1986, all individuals, upon being hired, must produce documents that are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. In addition, all new hires will be required to verify their employment authorization, under oath, by signing USCIS Form I-9. Failure to submit such proof within the required time shall result in immediate employment termination.

If I am offered a position, I agree to undergo a pre-employment physical examination and drug and alcohol screenings. I understand that employment is contingent upon satisfactory results of the physical exam stating that I am physically able to perform all essential job functions with or without reasonable accommodation. In addition, the results of the examination will prove that I show no symptoms or signs of communicable disease or infected skin lesions and that I have passed my pre-employment drug and alcohol test. If employed, I agree to abide by and comply with all policies and procedures of Little Flower Manor and understand that hours of work and other terms and conditions of employment are subject to change at any time by Little Flower Manor.

If an offer of employment is extended, and if an employment relationship is established, I understand that, as a condition of continued employment at Little Flower Manor, I agree to submit to drug or alcohol screenings in the event I am requested to do so by the Administrator or her designee.

I realize that the falsification or omission of any information on the application, the receipt of an unsatisfactory reference, a job-related felony or misdemeanor conviction record, disqualifying State or Federal criminal record information, or the failure to successfully complete a physical examination or drug and alcohol screen may be the cause for rejection or dismissal.

I give Little Flower Manor and any agent acting on its behalf permission to check my background and contact any and all persons, including but not limited to, federal, state and local police agencies, former employers; schools; educational institutions, companies; military services; corporations; city, state, county and federal courts; law enforcement agencies; state and local departments of health or mental health and any other state or local agencies and authorize them to release any information concerning my background, employment or educational records. I hereby authorize such individuals or entities to furnish such information and release any such individuals or entities from any and all claims of liability for any damage whatsoever for issuing such information. I further release Little Flower Manor from any and all claims of liability in law and in equity that may arise out of obtaining, using, or relying on such information.

These authorizations in original, copy, image, or facsimile shall be valid for this and any future reports or updates that may be requested.

I certify that I have read and understand all statements on this application and the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment and any other information I provide during the application process. I understand that false or misleading information given in my application or interview(s) may preclude my employment or result in discharge in the event of employment. I understand that this application is not an employment contract and acceptance of employment, if offered, does not create a contractual obligation on the part of Little Flower Manor to continue to employ me at any time. I further understand that all employees are employed at the will of Little Flower Manor and can be discharged at any time with or without cause or notice. No one other than the Administrator has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Administrator.

Applicant's Signature: _____

Date: _____

Invitation to Self-Identify

Little Flower Manor provides equal employment opportunity to all qualified employees and applicants for employment regardless of race, color, creed, religion, sex, pregnancy, national origin, ancestry, citizenship status, age, marital or partnership status, sexual orientation, genetic predisposition, veteran or military status, or another classification prohibited by applicable law.

Little Flower Manor 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, Little Flower Manor invites you to voluntarily self-identify your race and ethnicity. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may 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 exported to the federal government for civil right enforcement. When reported, data will not identify any specific individual.

Date: _____

Last Name: _____ First Name: _____

Gender: Please circle one.

Male Female

Race/Ethnicity: Please circle only one.

- Hispanic or Latino: (regardless of race)
- White (not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander
- Asian (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)