

Application for Employment

Date _____



GOLDEN VIEW HEALTH CARE CENTER

NOTICE TO APPLICANTS AND EMPLOYEES
 Screening tests for illegal drug use may be required before hiring and during your employment here.

GOLDEN VIEW HEALTH CARE CENTER's policy prohibits discrimination on the basis of age, race, color, religion, sex, marital status, sexual orientation, service in the armed forces of the United States, national origin, citizenship, disability, or any other protected classification.

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.

NAME AND ADDRESS

Name

LAST FIRST MIDDLE SOCIAL SECURITY NO.

Current Address

NUMBER STREET

CITY STATE ZIP CODE

Home Telephone

AREA CODE NUMBER

Work (or Message) Telephone

AREA CODE NUMBER

POSITION DESIRED

What kind of position are you applying for?

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

What are the two (2) most important factors to you in choosing a job?

1. _____

Salary Expectations:

2. _____

\$ _____

WORK SCHEDULE

What type of employment do you want? (check one)

Full-time Part-time Temporary Seasonal

When could you start employment? Date _____

Shift Desired? _____

What is the minimum (fewest) number of hours you could consider acceptable?

Per Week _____ Per Day _____

Can you work a flexible schedule (Days scheduled & number of hours scheduled is different every week) Yes No

What days and times are you available to work (time--include a.m. or p.m.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From To	From To	From To	From To	From To	From To	From To

EMPLOYMENT STATUS

Are you currently employed?

Yes No

If "YES," how many jobs do you currently hold? _____

Is your intent to continue in your current job(s) if you work for Golden View? Yes No

Are you currently a student? (or planning to go to school within the next 6 months?)

Yes No

If "YES," what impact does this have on your availability for work? _____

Are you available to work... (check if "YES")

Holidays? Weekends?

EMPLOYMENT HISTORY

In the past 5 years

How many different employers have you worked for? _____

Have you ever worked in a health care center before?

Yes No

If "YES," where _____ and _____ what position did you hold? _____

EMPLOYMENT RECORD

List most recent or present employer first. Include military service (not country of service), or any self-employed or un-employed periods. You must account for the past three (3) years or since completing school, whichever is more recent.

PRESENT OR MOST RECENT EMPLOYER

Company _____

Address _____

Telephone No. _____

Dates Employed

From: _____ To: _____ Last Salary: _____

Last Position Held _____

Last Supervisor's Name _____

May we contact your present employer at this time? Yes No

Be Specific: Why did you leave? _____

Be Specific: Liked **MOST** about the job? _____

Be Specific: Liked **LEAST** about the job? _____

EMPLOYER

Company _____

Address _____

Telephone No. _____

Dates Employed

From: _____ To: _____ Last Salary: _____

Last Position Held _____

Last Supervisor's Name _____

Be Specific: Why did you leave? _____

Be Specific: Liked **MOST** about the job? _____

Be Specific: Liked **LEAST** about the job? _____

EMPLOYER

Company _____

Address _____

Telephone No. _____

Dates Employed

From: _____ To: _____ Last Salary: _____

Last Position Held _____

Last Supervisor's Name _____

Be Specific: Why did you leave? _____

Be Specific: Liked **MOST** about the job? _____

Be Specific: Liked **LEAST** about the job? _____

PERIODS OF UNEMPLOYMENT DURING THE PAST THREE (3) YEARS

All Reasons Must Be Specific

From: _____ To: _____

Reason: _____

From: _____ To: _____

Reason: _____

EDUCATION

IF YOU ATTENDED HIGH SCHOOL

Name of High School _____
City _____
Circle last year completed 1 2 3 4
Graduated? Yes No

IF YOU ATTENDED COLLEGE

Last college attended _____
Circle last year completed 1 2 3 4
Graduated? Yes No
Major course of study _____
Degree (if applicable) _____

EDUCATION AND TRAINING

Do you have any other kind of education/training Yes No
If "YES," please describe: _____

LICENSES

Do you have any professional licenses Yes No
If "YES," what type and expiration date _____

BUSINESS MACHINES

Check the business machines you can operate (indicate speed where requested)
 Typewriter - WPM _____ Word Processor - WPM _____
 Calculator Computer Shorthand - WPM _____
Other? _____

OTHER INFORMATION

Have you ever been know by a different name? Yes No
If "YES," what was it? _____
Please explain _____
List any friends or relatives working for us
Name _____ Relationship _____
Name _____ Relationship _____

Have you been employed previously by Golden View? Yes No
If "YES," department? _____
Dates of employment: _____

Have you been convicted of a felony within the past five (5) years? Yes No
If "YES," explain _____
Have you been convicted of a misdemeanor within the past five (5) years? Yes No

Are you legally authorized to work in the United States? Yes No
Document Number (if applicable) _____
If hired, verification will be required consistent with Federal Law.

PERSONAL REFERENCES

Give the names of 2 persons
Name _____ Name _____
Not relatives or former employers, who have known you for five (5) years or more
Current Address _____ Current Address _____
City/State/Zip _____ City/State/Zip _____
Home Telephone No. _____ Home Telephone No. _____
Number of Years Known _____ Number of Years Known _____

REFERRAL INFORMATION

How were you referred to Golden View? Newspaper Walk-In Employee Referral (Name) _____
 Other (explain) _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Home Telephone No. _____
Current Address _____ Work (or Message) Telephone _____

CONDITIONS OF EMPLOYMENT

Golden View Health Care Center sets high standards for its associates. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required before accepting a position with us. As an employee, you would be expected to comply in full. You need to know and understand what Golden View will require of you if you are hired.

Customer Service:

- Totally believe in and support our customer first approach to business.
- Be friendly to our customers.
- Do everything you can to make our customers feel welcome in our facility, including:
 - Smiling · Greeting the customer promptly · Being helpful · Using the customer's name · Saying "Thank you"

Job Expectations

- Work hours as scheduled—report to work on time
- Take direction from supervisors and execute directions to the best of your ability
- Maintain a positive, enthusiastic attitude at all times, and be a cooperative member of the Golden View team
- Perform job as described in Job Description

Personal Appearance

- Maintain a businesslike, professional appearance (dress and grooming)
- Wear your Golden View name badge at all times

Would you be able to comply with all the requirements as listed? Yes No

If "NO," or if you have concerns about being able to comply with any of these requirements, please explain: _____

EMPLOYEE RELEASE

I understand and agree that any offer of employment will be contingent upon successful completion of a pre-employment physical examination, medical clearance and a negative drug screen establishing that I am capable of performing the essential functions of the job for which I have applied, with or without reasonable accommodation.

I certify that the statement I have made in this application are true, and I hereby grant Golden View Health Care Center permission to verify the accuracy and completeness of this information, contact all or any of my previous or current employers and refer-

ences and to investigate all educational records.

I understand and agree that if my application is accepted, my employment may be terminated by me or Golden View Health Care Center at any time, with or without cause. I further understand that, if accepted, my employment is for no definite period and may be terminated without notice. I understand that any representation made by Golden View Health Care Center in connection with my application for employment must be made by an authorized officer of Golden View Health Care Center and in writing.

Applicant's Signature: _____ Date: _____

LANGUAGE TO COVER MANDATES OF OBRA '87 AS IT PERTAINS TO PATIENT ABUSE INFORMATION

Have you ever been convicted and/or found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If so, please describe the offense, the date and place of convicting and the underlying circumstances or other information to help us evaluate your current fitness for employment. Yes No

Within the past five years, have you been convicted of: (1) a felony; (2) cruelty to persons; or (3) assault of a victim sixty years of age or older? If "YES," please describe the offense, the date of conviction and the underlying circumstances or other information to help us evaluate your fitness for employment. Yes No

Have you ever been subject to disciplinary action by a health care licensing agency in this or any other state, or in any other United States or foreign jurisdiction? If "YES," please identify the nature and date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness for employment Yes No

I hereby certify that I have not been convicted and/or been found guilty of resident abuse, neglect, mistreatment, or of misappropriation of resident property in this state or any other states, and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by Golden View Health Care Center is conditional upon the verification of this information with the state patient abuse registry, and that a listing in such registry or the registry of any other state or perpetration of an act that would result in a listing in the abuse registry may act as an automatic withdrawal of such offer of employment by Golden View Health Care Center.

I further understand that any offer of employment by Golden View Health Care Center is conditional upon verification of state certification as needed. In the event that I have not yet been so certified and in the event that I am offered employment with Golden View Health Care Center, I agree to undertake the required training and competency certification requirements immediately upon commencing employment.

Date: _____

Signature: _____



GOLDEN VIEW

HEALTH CARE CENTER

I, _____, consent to have a post-hire health exam and physical capacity screening conducted at Lakes Region General Hospital Occupational Health Services Department.

I understand that it will be paid for by Golden View Health Care Center and that this physical is the property of Golden View Health Care Center. If I use this physical for other employment I agree to pay Golden View for the cost of the physical.

I also consent to take further physical examinations as may be required by Golden View Health Care Center at such times and places as the institution shall designate.

I give permission to have any of my physical exams sent to, and kept on file, at Golden View Health Care Center.

Signature: _____ Date: _____

Witness: _____ Date: _____

State of New Hampshire - Department of Health and Human Services
Bureau of Elderly and Adult Services (BEAS)
STATE REGISTRY CONSENT FORM
(*RSA 161-F:49)

Employer Information

I hereby authorize the release of any adult or child abuse, neglect, and/or exploitation record that you may find concerning me to: (*This portion must be filled out in order to be processed.*)

Employer Name: **GOLDEN VIEW HEALTH CARE CENTER**
Mailing Address: **19 NH ROUTE 104**
City/State/Zip: **MEREDITH NH 03253**
Telephone: **603-279-8111** Fax: **603-677-4154**

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS
(*If content is illegible, it will be stamped "Unable to Process" and returned.*)

Last Name: _____ First Name: _____ Middle Initial: _____
Mailing Address: _____ City/State/Zip: _____
Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____
Last Name _____ First Name: _____ Middle Initial: _____
Date of Birth: Month ____ Day ____ Year ____ Social Security #: _____
(Optional)

Position: _____ Select one: Applying Current Position
 employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS under this request and release authorization is intended for use by the above name employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____
Witness Signature _____ Date _____
(REQUIRED)

Fax to: (603)271-6875

Or **Mail** to: **BEAS State Registry, 129 Pleasant St., Brown Bldg., Concord, NH 03301-3857**

*This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49