



EMPLOYMENT APPLICATION

To Applicant: The Heritage at Brentwood is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION:

Date: _____

Name _____
Last First Middle

Telephone#: _____ Email _____

Present Address _____
Street Apt. City State Zip Code

Previous Address: _____
Street Apt. City State Zip Code

How long have you lived at present address? _____ How long at previous address? _____

Are you at least 18 years old? _____

Are you legally eligible for employment in the USA? _____ Do you have reliable transportation to work? _____

Position(s) you are applying for: _____ Rate of pay expected per hour \$ _____

Work Status Needed (circle your preference): FULL-TIME PART TIME PRN

Please list your preferred shift (work hours): 1st Choice _____ 2nd Choice _____

Were you previously employed by The Heritage? _____ If yes, what year? _____

Do you have any friends or relatives working for The Heritage? _____ If yes, who? _____

How did you learn of this position? _____

Have you ever been bonded: _____ If yes, for what job (s) ? _____

Are you excluded from participation in Federal Health Care Programs? _____ If yes, please explain:

On what date would you be available to begin work? _____

EMPLOYMENT RECORD

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

1. Company Name: _____

Address: _____

City, ST Zip Code: _____ Phone number: _____

Position Held: _____ Supervisor name: _____

Start Date: _____ End Date: _____ Wage/Salary: _____

Reason for leaving: _____

2. Company Name: _____

Address: _____

City, ST Zip Code: _____ Phone number: _____

Position Held: _____ Supervisor name: _____

Start Date: _____ End Date: _____ Wage/Salary: _____

Reason for leaving: _____

3. Company Name: _____

Address: _____

City, ST Zip Code: _____ Phone number: _____

Position Held: _____ Supervisor name: _____

Start Date: _____ End Date: _____ Wage/Salary: _____

Reason for leaving: _____

4. Company Name: _____

Address: _____

City, ST Zip Code: _____ Phone number: _____

Position Held: _____ Supervisor name: _____

Start Date: _____ End Date: _____ Wage/Salary: _____

Reason for leaving: _____

May we contact your former employers? _____ If not, which employers do you not want us to contact? _____

Why would you like to work at The Heritage at Brentwood? _____

EDUCATION RECORD

High School **Name:** _____ **State:** _____ **Did you graduate?** _____

GED **Where:** _____ **State:** _____

College **Name:** _____ **State:** _____ **How Long?** _____

Course of Study: _____ **Degree:** _____

Name: _____ **State:** _____ **How Long?** _____

Course of Study: _____ **Degree:** _____

Other: _____ **How Long?** _____

Course of Study: _____ **Degree/Diploma** _____

Certifications or Licensures (Please be specific): _____

List any other experiences, skills, hobbies or qualifications that may benefit our organization: _____

MILITARY SERVICE RECORD

Were you in the US Armed Forces? _____ If so, what branch? _____

Dates of duty: From _____ to _____ Rank at Discharge: _____

List duties in the service: _____

PROFESSIONAL REFERENCES

NO RELATIVES PLEASE.

Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____	Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____
Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____	Name: _____ Occupation: _____ Address: _____ _____ Phone #: _____

I UNDERSTAND:

-that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.
-that giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.
-that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Heritage Retirement Facilities, LLC d/b/a The Heritage at Brentwood.
-that if I sustain any injury or illness in the employment of Heritage Retirement Facilities, LLC, I agree that Heritage Retirement Facilities, LLC shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to Heritage Retirement Facilities, LLC full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

AUTHORIZATION TO RELEASE INFORMATION

If I am given a conditional offer of employment, I authorize Heritage Retirement Facilities, LLC to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of HRF. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

APPLICANT SIGNATURE _____ DATE _____