

**WE ARE EXCITED THAT YOU HAVE AN
INTEREST IN WORKING FOR...**



OR



- ✓ **PLEASE PRINT NEATLY AND LEGIBLY ON YOUR APPLICATION!**
- ✓ **SAGEWOOD & ACACIA HEALTH CENTER IS PROUD TO BE A 100% SMOKE FREE CAMPUS**



- ✓ **EFFECTIVE AUGUST 1, 2013 ALL EMPLOYEES WILL BE REQUIRED TO HAVE AN ANNUAL FLU VACCINATION AS A CONDITION OF EMPLOYMENT***

* This requirement may be waived with a valid doctor's excuse

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APPLICATION FOR EMPLOYMENT

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. **Please complete both sides of this form.** If more space is needed to complete any question, use an extra sheet of paper.

Print clearly and complete all sections as noted; illegible or incomplete applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, national origin or veteran status.

Last Name	First Name	Middle Name	Are you 18 years or older?
Street Address		Are you legally eligible for employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
City	State	Zip	Telephone No.(s)
Position(s) you are applying for (Maximum of 2)		Date Available ____/____/____	Minimum Salary Desired \$ _____
Name(s) of relatives employed by us	Location/Department	Position	Relationship to you
Have you applied for a position with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date(s) and position(s) applied for.		
Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates	Position(s)	
High School	Location	Did you graduate?	Major Subject
College	Location	Did you graduate?	Major Subject
Trade School	Location	Did you graduate?	Major Subject

List employment starting with your most recent job during the last 10 years. **Account for any time period that you were unemployed by stating the nature of your activities.** Use a separate sheet of paper, if necessary.

Employer Telephone No.	From _____ To _____	Starting Salary	Ending Salary
Street Address	Position	Duties	
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone No.	From _____ To _____	Starting Salary	Ending Salary
Street Address	Position	Duties	
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone No.	From _____ To _____	Starting Salary	Ending Salary
Street Address	Position	Duties	
City State Zip Code	Supervisor's Name	Reason for leaving	

Employer Telephone No.	From _____ To _____ _____/_____/_____ ____/____/_____	Starting Salary	Ending Salary
Street Address	Position	Duties	
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone No.	From _____ To _____ _____/_____/_____ ____/____/_____	Starting Salary	Ending Salary
Street Address	Position	Duties	
City State Zip Code	Supervisor's Name	Reason for leaving	
Employer Telephone No.	From _____ To _____ _____/_____/_____ ____/____/_____	Starting Salary	Ending Salary
Street Address	Position	Duties	
City State Zip Code	Supervisor's Name	Reason for leaving	

May we contact your present employer to obtain pre-employment references? Yes No

List any professional groups, trade groups, or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying:

List experience from your military service that would be relevant to the job(s) for which you are applying:

Have you ever been convicted of a felony? Yes No If Yes, please explain: _____

Please list 2 professional references:

Name	Phone	Email
1.		
2.		

Please list 2 personal references:

1.		
2.		

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 Sagewood.
- that if I sustain any work related injury or illness in the employment of Sagewood, I agree that Sagewood 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 Sagewood 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 LCS – Westminster Partnership LLC, d/b/a/ Sagewood 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 Sagewood. 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 at any time, 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: ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER

Were you referred to Sagewood by one of our Employees? Yes No

If yes, please provide us with their name: _____