

Faith Assisted Living

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

3032 NC Hwy 16 Taylorsville NC 28681

Phone: 828-493-0744

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-6 DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____

(2) Days/hours available to work _____

No Pref _____ and salary desired _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

(Be specific)
How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

CRIMINAL BACKGROUND INVESTIGATION

If a job offer is made, we will conduct a criminal background check. Employment, or continued employment, is based upon the results of this investigation.

Please Note: A criminal background does not necessarily exclude you from employment! If you have questions about your eligibility for employment, given your criminal background history, please contact Faith Assisted Living at 828-493-0744.

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EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)

Chauffeur Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes
 No _____ WPM

Personal Computer Yes
 No PC
Mac

Yes
 No

10-key Yes
 No
Other Skills

Word Processing Yes
 No _____ WPM

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____		_____ Discharge Date _____
	Date Entered	

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WORK EXPERIENCE

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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SKILL ASSESSMENT

Indicate your experience in the following areas of personal care

SERVICE EXPERIENCE	NONE	SOME	VERY	SERVICE EXPERIENCE	NONE	SOME	VERY
PERSONAL CARE				Hoyer Lift Transfer			
Skin Care				Full Assist Transfer			
Bed Bath				Making Occupied Bed			
Perineal Care				Making Unoccupied Bed			
Shower/ Tub Bath				DIET			
Dressing				Meal Preparation			
Hair Care				Menu Planning			
Nail Care				Assist Feeding Client			
Oral Care				Assist Tube Feeding			
Dressing							
Preparing for Bed				HOMEMAKING			
				Laundry			
TREATMENTS				Shopping			
Medication Reminders				Sweeping, Vacuuming, Mopping Floors			
Administering Medication				Cleaning Bathtub			
Position Client				Cleaning Toilet			
Care of Pressure Sores				Washing Dishes			
Enema Administration							
Suppository Insertion				OTHER			
Digital Stimulation				Behavior Management			
Toileting				Teaching Independent Living Skills			
Colostomy Care				Writing Incident Reports			
Catheter Care							
Leg Bag/Night Bag Setup				ADDITIONAL SKILLS			
ACTIVITY							
Range of Motion							
Ambulating							
Standing Pivot Transfer							
Sliding Board Transfer							

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Faith Assisted Living LLC. (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Faith Assisted Living LLC or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / CEO of the Company. Both the undersigned and Faith Assisted Living LLC. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre- employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.