

# Employment Application

## PERSONAL INFORMATION

|                 |                        |          |              |
|-----------------|------------------------|----------|--------------|
| Date            | Social Security Number |          |              |
| Name (Last)     | (First)                | (Middle) |              |
| Current Address |                        |          | Phone Number |
| City            | State                  | ZIP Code | County       |

## POSITION DESIRED

|  |                         |   |
|--|-------------------------|---|
| Position Applied For   |                         | <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other<br><input type="checkbox"/> Part Time <input type="checkbox"/> Casual / PRN  |
| Salary Expected<br><small>per hour year</small>  | Date Available to Start | Shift Preference<br><input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Any<br><input type="checkbox"/> Evening <input type="checkbox"/> Weekend   |
| Have You Ever Worked For This Company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                         | If Yes, When And Where?   |
| Have You Ever Applied To This Company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                         | If Yes, When And Where?   |
| Do You Have Any Relatives Who Work For The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Please Identify:   |                         |   |
| Do you have a valid driver's license (only for jobs where driving a vehicle is an essential function)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                         | Have you ever been convicted of or plead guilty to a crime (felony or mis-de-meanor)? Exclude any minor traffic violations, any misdemeanor marijuana convictions more than two years old, or any legally expunged convictions.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| How Did You Hear About Us?<br><input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School Recruiting <input type="checkbox"/> CNA Program<br><input type="checkbox"/> Internet Ad <input type="checkbox"/> Job Fair <input type="checkbox"/> Open House<br><input type="checkbox"/> Placement Agency <input type="checkbox"/> Community Agency <input type="checkbox"/> Other _____<br><input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-in |                         |   |

## WORK AUTHORIZATION

|   |
|---|
| Are you legally authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| To comply with the Immigration Reform And Control Act, if you are hired, you will be required to provide documents to establish your identity and your authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment will be less than three (3) days. |

## RECORD OF EDUCATION

| Name and Address of School(s)                     |  | Dates Attended |           | Graduated |    | Type of Degree / Diploma Received or Expected | Major / Minor Fields of Study |
|---|--|----------------|-----------|-----------|----|---|-------------------------------|
|   |  | From           | To        | YES       | NO |   |                               |
|   |  | Mo. / Yr.      | Mo. / Yr. |           |    |   |                               |
| High School<br>(Last Attended)                    |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
| Colleges / Universities                           |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
| Graduate School                                   |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
| Other<br>(Business, Technical, Secretarial, etc.) |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |
|   |  |                |           |           |    |   |                               |

Please list any professional affiliations or accreditations that have a direct bearing upon your qualifications for the job for which you are applying. Include all licenses and certifications.

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Have you ever had your professional license or certification suspended, revoked, or restricted?  Yes  No If yes, please explain:

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Do you have any special skills or abilities that directly relate to the job for which you are applying?

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**WORK EXPERIENCE (Most Recent Experience First)**

|   |                          |        |   |
|---|--------------------------|--------|---|
| <b>1 NAME AND ADDRESS OF EMPLOYER</b><br>_____<br>_____<br>_____<br>FROM Mo ____ Yr ____ TO Mo ____ Yr ____<br>PHONE NUMBER _____<br>Area Code (      ) | <b>STARTING POSITION</b> |        | <b>ENDING POSITION</b>  |
|   | <b>SALARY</b>            |        | <b>NAME AND TITLE OF SUPERVISOR</b>   |
|   | Beginning                | Ending | <b>REASON FOR LEAVING</b>   |
|   |                          |        | Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>2 NAME AND ADDRESS OF EMPLOYER</b><br>_____<br>_____<br>_____<br>FROM Mo ____ Yr ____ TO Mo ____ Yr ____<br>PHONE NUMBER _____<br>Area Code (      ) | <b>STARTING POSITION</b> |        | <b>ENDING POSITION</b>  |
|   | <b>SALARY</b>            |        | <b>NAME AND TITLE OF SUPERVISOR</b>   |
|   | Beginning                | Ending | <b>REASON FOR LEAVING</b>   |
|   |                          |        | Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>3 NAME AND ADDRESS OF EMPLOYER</b><br>_____<br>_____<br>_____<br>FROM Mo ____ Yr ____ TO Mo ____ Yr ____<br>PHONE NUMBER _____<br>Area Code (      ) | <b>STARTING POSITION</b> |        | <b>ENDING POSITION</b>  |
|   | <b>SALARY</b>            |        | <b>NAME AND TITLE OF SUPERVISOR</b>   |
|   | Beginning                | Ending | <b>REASON FOR LEAVING</b>   |
|   |                          |        | Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO |

May we contact your **current** employer listed above?  Yes  No

Use this space to describe any previous work history and/or detail particular job responsibilities listed above that you believe are important or should be considered. Include any additional information that you feel may be relevant to the job for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

List additional references, including address and telephone

\_\_\_\_\_

\_\_\_\_\_

# Employment Dispute Resolution Program Agreement

The Company is committed to building positive employee relations, encouraging open communication and respecting the rights and dignity of our employees. We recognize, however, that problems may arise in work relationships. The Company Employment Dispute Resolution (EDR) Program provides a process for resolving employment problems. The EDR Program has four steps: (1) Open Door; (2) Facilitation; (3) Mediation; and (4) Arbitration. The EDR Program ensures a fair resolution to disputes and is often a much faster and less expensive process. No remedies that otherwise would be available to you or the Company in a court of law will be forfeited by virtue of the agreement to use and be bound by the EDR Program. If you wish to be considered for employment, you must read and sign the following agreement binding you to use the EDR Program to resolve disputes. An EDR Program booklet describing the program in detail is available where you obtained the Applicant Packet.

I recognize that differences may arise between the Company and me during my application process or employment with the Company. I recognize that it is in our mutual best interests that disputes be resolved in a manner that is fair, private, expeditious, economical, final, and less burdensome and adversarial than litigation in court. Therefore, both the Company and I agree to resolve all claims, controversies or disputes relating to my application for employment, my employment and/or termination of employment with the Company exclusively through the Company's Employment Dispute Resolution Program. By way of example only, such claims include claims under federal, state and local statutory, regulatory or common law, such as Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Family and Medical Leave Act, claims for wrongful discharge, claims for public policy violations, and claims under the law of contracts and the law of torts.

I understand and agree that the last step of the EDR Program is final and binding arbitration by a neutral arbitrator. I understand and agree that this mutual agreement to use the EDR Program and to arbitrate claims means that the Company and I are bound to use the EDR Program as the only means of resolving employment related disputes and to forego any right either may have to a jury trial. I further understand and agree that if I file a lawsuit regarding a dispute arising out of or relating to my application for employment, my employment or the termination of my employment, the Company may use this Agreement in support of its request to the court to dismiss the lawsuit and require me to use the EDR Program instead.

I understand that my signature to this Agreement does not guarantee that the Company will offer me employment. If the Company offers me employment and I become employed at the Company, this Agreement does not alter the "at-will" status of my employment. I understand that no representative of the Company, other than an officer of the Company at the level of Senior Vice President or above, has the authority to make any agreement contrary to the foregoing or to alter the Company's EDR Program.

I understand that the EDR Program affects my legal rights. I also understand that I may obtain a copy of the EDR Program booklet and seek legal advice before signing this Agreement.

I certify that I have read this Agreement, I have had an opportunity to ask questions regarding its content, I understand this Agreement, I believe it to be fair, and I voluntarily enter into this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

# Confidential Reference Check

The person named below has applied for employment. He/she has authorized the collection of any information concerning past employment with your organization. Mariner Health Care deals in long-term heal care, and it is of the utmost importance to us that we hire the right person for the job. Therefore, we would appreciate your reply to the questions below. Thank you.

\_\_\_\_\_  
Administrator / Department Head / Supervisor

*I hereby release from all liability the company or person named below, and authorize him or her to release all information regarding my employment with them.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Applicant's name:** \_\_\_\_\_ **Position applied for:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Name, title, and relationship of person contacted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary:** \_\_\_\_\_ **per** \_\_\_\_\_

**Position and description of duties:** \_\_\_\_\_  
\_\_\_\_\_

**Describe applicant's performance** (what are the applicant's strong/weak points in comparison with the other people who are doing or have done the same job?) \_\_\_\_\_  
\_\_\_\_\_

**Please rate the applicant on the following characteristics** (Excellent, Good, Fair, Poor):

|                     |       |                    |       |
|---------------------|-------|--------------------|-------|
| Quality of work     | _____ | Quantity of work   | _____ |
| Job knowledge       | _____ | Leadership         | _____ |
| Attitude            | _____ | Dependability      | _____ |
| Professionalism     | _____ | Honesty            | _____ |
| Attendance          | _____ | Work relationships | _____ |
| On-the-job injuries | _____ | Problems           | _____ |

**Reason for leaving your company:** \_\_\_\_\_

**Would you rehire?** \_\_\_\_\_ **If no, explain:** \_\_\_\_\_

**Comments** (Anything else I should know): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

# Confidential Reference Check

The person named below has applied for employment. He/she has authorized the collection of any information concerning past employment with your organization. Mariner Health Care deals in long-term health care, and it is of the utmost importance to us that we hire the right person for the job. Therefore, we would appreciate your reply to the questions below. Thank you.

\_\_\_\_\_  
Administrator / Department Head / Supervisor

*I hereby release from all liability the company or person named below, and authorize him or her to release all information regarding my employment with them.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Applicant's name:** \_\_\_\_\_ **Position applied for:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Name, title, and relationship of person contacted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary:** \_\_\_\_\_ **per** \_\_\_\_\_

**Position and description of duties:** \_\_\_\_\_  
\_\_\_\_\_

**Describe applicant's performance** (what are the applicant's strong/weak points in comparison with the other people who are doing or have done the same job?) \_\_\_\_\_  
\_\_\_\_\_

**Please rate the applicant on the following characteristics** (Excellent, Good, Fair, Poor):

|                     |       |                    |       |
|---------------------|-------|--------------------|-------|
| Quality of work     | _____ | Quantity of work   | _____ |
| Job knowledge       | _____ | Leadership         | _____ |
| Attitude            | _____ | Dependability      | _____ |
| Professionalism     | _____ | Honesty            | _____ |
| Attendance          | _____ | Work relationships | _____ |
| On-the-job injuries | _____ | Problems           | _____ |

**Reason for leaving your company:** \_\_\_\_\_

**Would you rehire?** \_\_\_\_\_ **If no, explain:** \_\_\_\_\_

**Comments** (Anything else I should know): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



# Notice/Authorization and Release for Background Check

I, the undersigned consumer, do hereby authorize **Mariner Health Care (MHC)** by and through its independent contractor, **Kroll Background America, Inc. (KBA)** located at 1900 Church Street, Suite 400, Nashville, TN 37203 to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau, if applicable; my driving history, including any traffic citations; a Social Security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq. and Cal. Civil Code §1786.

I would like a copy of my background report:  Yes  No

I authorize any person, business entity, or governmental agency who may have information relevant to the above to disclose the same to **MHC** by and through **KBA**, including, but not limited to any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release **MHC, KBA**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims, and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Notice/Authorization and Release form shall remain in effect for the duration of my employment with **MHC**.

I give **MHC** permission to investigate any incidents of workplace misconduct of which I have been accused for which I am alleged to have been involved during employment with **MHC**.

I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application or employment may be terminated based on any false, omitted, or fraudulent information.

|   |                        |   |   |
|---|------------------------|---|---|
| Date  | Social Security Number | Date of Birth<br><small>(Used only to avoid misidentification.)</small> | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female<br><small>(Used only to avoid misidentification.)</small> |
| Name (Last)   | (First)                | (Middle)  |   |
| <b>Addresses for the Past Seven Years</b>                           |                        |   |   |
| City  | State                  | ZIP Code  | County  |
|   |                        | Dates Lived Here (dd/mm/yy)   |   |
|   |                        | From:   | To:   |
|   |                        | From:   | To:   |
|   |                        | From:   | To:   |
| <b>Current and Previous Professional Licenses or Certifications</b> |                        | <b>License or Certification #</b>                                       | <b>State Issued</b>   |
|   |                        |   | <b>Expiration Date</b>  |
|   |                        |   |   |
| Driver's License Number:  |                        | State   |   |

If you answer yes to any of the questions below, please explain on a separate piece of paper. A conviction or pending charge will not necessarily disqualify you from employment. Each conviction or pending charge will be evaluated on its own merits with respect to time, circumstances, and seriousness in relation to the job applied for. In addition, certain state laws may bar your employment.

Have you ever been convicted of or plead guilty to a crime (felony or misdemeanor)? Exclude any minor traffic violations, any misdemeanor marijuana convictions more than two years old, or any legally expunged convictions.  Yes  No

Have you ever been sanctioned, disciplined, debarred and/or excluded by a duly authorized regulatory agency, or are there any current restrictions or limits on your license(s) or certification(s)?  Yes  No

Is there a pending criminal charge against you or are you currently under investigation?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY HIRING AUTHORITY:** \_\_\_\_\_  
APPLICANT'S POSITION DEPARTMENT

Check Appropriate Boxes:  Base Check  Facis  Consumer Credit Report  
 Licensure/Certification  Motor Vehicle Report  Other: \_\_\_\_\_

Service Line \_\_\_\_\_ Location \_\_\_\_\_ Location Code \_\_\_\_\_ Location Fax # \_\_\_\_\_

# Applicant Flow Data

It is our policy to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, or disabled Vietnam-era status.

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD-KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

*Completion of this sheet is voluntary and is not required for employment.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Position applied for: \_\_\_\_\_

Race:

\_\_\_ White

\_\_\_ Black

\_\_\_ Hispanic

\_\_\_ Asian or Pacific Islander

\_\_\_ American Indian/Alaskan Native

Sex:

\_\_\_ Female

\_\_\_ Male

Regulations issued by the U.S. Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit.

\_\_\_ **Special Disabled Veteran** (A person who is entitled to disability veteran compensation under laws administered by the Veterans Administration for a disability rated at 30% or more; or (2) was discharged or released from active duty because of a service-connected disability.)

\_\_\_ **Vietnam Era Veteran** (A veteran who is honorably discharged and served 180 days of active duty between 05 August 1964 and 07 May 1975.)

\_\_\_ **Other Eligible Veteran** (A veteran who served on active duty during a war on in a campaign or expedition for which a campaign badge has been authorized.)



# Substance Abuse and Testing Policy Acknowledgement and Consent

reports, other documents or specimens which would indicate whether or not there were any controlled substances or alcohol in my system at the time of the accident.

By signing below, I acknowledge that I have read the provisions of the Policy and the foregoing acknowledgement and consent form, or had such documents read to me, know the content thereof, and have freely and voluntarily affixed my signature on this document.

I hereby freely and voluntarily agree to the terms of this Substance Abuse and Testing Policy Acknowledgement and Consent form.

\_\_\_\_\_  
Applicant/Employee Name *(Please print name)*

\_\_\_\_\_  
Applicant/Employee Signature (SEAL)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Company Official, Witness Signature (SEAL)

\_\_\_\_\_  
Date

# Certification of Accuracy

## PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information in this application is complete and accurate to the best of my knowledge and belief. I understand and agree that any omissions or false or inaccurate statements in my application or interview may be justification for refusal to hire or termination of employment.

I hereby authorize the Company and/or its duly authorized agents to investigate all references, to contact all prior employers and to secure additional information about me concerning my qualifications for the position applied for. I hereby release from liability the Company and its representatives for seeking such information.

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies, consumer reporting agencies, investigative companies, and any other persons, companies or governmental or other agencies to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage or injury that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage or injury that may result from reliance on the information furnished.

I understand and agree that nothing contained in this application packet or in the hiring process is intended to create an employment contract. If I am offered and accept employment, I agree to abide by the Company's policies and procedures, *Code of Conduct*, and *Employee Handbook*. I understand and agree that my employment is "at-will" and, therefore, my employment can terminate, with or without cause, at any time at my option or the option of the Company. This "at-will" employment relationship may not be modified by any oral or implied agreement.

I understand and agree that I must meet all the physical standards established by the Company to perform the essential functions of any job for which I am offered employment. I understand that if offered employment I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand and agree that the Company may from time to time require that I submit to a drug and/or alcohol test as a condition of employment. The Company reserves the right to conduct searches on Company property or of the Company's property, vehicles, and/or equipment at any time. I further understand that if I refuse to submit to a Company search I may be terminated.

I understand and agree that this application will remain active for 90 days. If I still want to be considered for a position with the Company after this application expires, it is my responsibility to complete a new application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date