West Rest Haven Inc.

APPLICANT INSTRUCTIONS

Thank You for your interest in working at our facility. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep it for reference.

Please complete the attached application and authorization for the release of information form. Please print all information so that it may be easily read. Be careful that each section is completely filled out and that you sign and date the application and the Release of Employment Records. Use the abbreviation "N/A" if a particular provision or section of the form is not applicable to you. Incomplete applications will not be considered.

Please note the following:

THIS FACILITY DOES NOT SUBSCRIBE TO THE WORKER'S COMPENSATION PROGRAM. WE HANDLE EMPLOYEE INJURIES THAT OCCUR ON THE JOB THROUGH OUR OWN MANAGED CARE APPROACH TO HEALTH BENEFITS. YOU WILL HAVE CERTAIN RESPONSIBILITIES IN THAT REGARD IF YOU ARE EMPLOYED AND WISH TO HAVE SUCH BENEFITS AVAILABLE TO YOU.

After you have completed your application, it will not be necessary for you to contact this office regarding job openings. We will keep your application in our active files for three (3) months. Should an opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for a position, an interview will be arranged. Please notify us in writing if your address or phone number should change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience, and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers, and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as defined by law).

We appreciate your cooperation. Thanks!

WEST REST HAVEN

APPLICATION FOR EMPLOYMENT

Date of Application: _____

PERSONAL INFORMATION

Full Name: _____ Social Security No. _____

Home Phone # _____ Cellular Phone # _____

Street Address: _____

City: _____ Zip Code: _____

E-mail address: _____

Notify in case of emergency:

Name: _____ Phone # _____

Street Address: _____ City: _____

Are you a U.S. Citizen or legally entitled to work in the U.S.? [ ] Yes [ ] No

Are you at Least 18 Years of Age? [ ] Yes [ ] No

Do you read, write and speak the English language? (If required for For this Position, please see job description) [ ] Yes [ ] No

Do you read, write and speak a language other than English? (If required for this Position, please see job description) [ ] Yes [ ] No

Do you have transportation so that you can be on time to work? [ ] Yes [ ] No

Do you have a valid Texas Driver's License? (If required for position) [ ] Yes [ ] No

Have you worked outside the State of Texas within the past 5 years? [ ] Yes [ ] No

If yes, please list what State: _____

Do you have any relatives working here? [ ] Yes [ ] No

If yes, please list relative(s) name: _____

EMPLOYMENT DESIRED AND AVAILABLITY

Position(s) applying for: _____ Salary/Wage Desired: _____

Have you ever been employed by us before? [ ] Yes [ ] No If yes:

Dates Employed	Department	Supervisor	Reason for leaving

List any Special Licenses you possess: _____

How did you learn about this position/vacancy? _____

TIME: [ ] Full Time [ ] Part Time [ ] PRN

SHIFT(s) you could work [ ] Day [ ] Evening [ ] Night

Please circle the days you are available to work: Sun Mon Tue Wed Thurs Fri Sat

Will you work ON CALL if necessary? [ ] Yes [ ] No

Will you work OTHER SHIFTS if necessary? [ ] Yes [ ] No

What date would you be available for work? _____

GENERAL INFORMATION

Are you currently Employed? [ ] Yes[ ] No

If yes, may we ask your present employer for references? [ ] Yes[ ] No

If you do not want us to ask your present employer for references, please explain why not. _____

_____

Have you ever been convicted of a Felony or a Misdemeanor? [ ] Yes[ ] No

If yes, please explain. (A conviction will not necessarily bar you from employment). _____

_____

_____

EDUCATION

Education	Name and Location of school	Number of Years Attended	Did you Graduate? Degree Obtained	Subjects studied
High School				
College				
Trade, Business, Or Correspondence School				

SKILLS

Please list any special skills, abilities or job-related experience, including the use of any special equipment or machines. Please list any special computer knowledge, skills, or other certifications:

_____

_____

_____

PERSONAL REFERENCES

(Must be individuals who have direct knowledge of your work history. Do **not** list relatives.)

Name	Address/Telephone	Business Name	Years Known

EMPLOYMENT HISTORY

List **ALL** present and past employment in the section below, **beginning with your most recent** employer and working your way back from the **last five years**.
Failure to list all employers may delay screening process.

PLEASE COMPLETE THIS SECTION- **EVEN IF YOU ARE ATTACHING A RESUME**

Current or Last Employer:

Employer: _____ Position Held: _____

FROM (Month/Year) _____ TO (Month/Year) _____ Hourly Wages: _____

Street Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Phone # _____

Reason for Leaving: _____

Next Previous Employer

Employer: _____ Position Held: _____

FROM (Month/Year) _____ TO (Month/Year) _____ Hourly Wages: _____

Street Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Phone # _____

Reason for Leaving: _____

Next Previous Employer

Employer: _____ Position Held: _____

FROM (Month/Year) _____ TO (Month/Year) _____ Hourly Wages: _____

Street Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Phone # _____

Reason for Leaving: _____

EMPLOYMENT HISTORY (Cont.)

Next Previous Employer

Employer: _____ Position Held: _____

FROM (Month/Year) _____ TO (Month/Year) _____ Hourly Wages: _____

Street Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Phone # _____

Reason for Leaving: _____

Next Previous Employer

Employer: _____ Position Held: _____

FROM (Month/Year) _____ TO (Month/Year) _____ Hourly Wages: _____

Street Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Phone # _____

Reason for Leaving: _____

Next Previous Employer

Employer: _____ Position Held: _____

FROM (Month/Year) _____ TO (Month/Year) _____ Hourly Wages: _____

Street Address: _____ City: _____ Zip: _____

Supervisor's Name: _____ Phone # _____

Reason for Leaving: _____

Have you ever been fired or "let go" from a job? [ ] Yes [ ] No If yes, please explain: _____

_____

_____

_____

PERIODS OF UNEMPLOYMENT

List **ALL** periods of unemployment in the section below, **beginning with your most recent** period and working your way back for the last five years.

This section should account for all gaps in Employment History.

Most Recent Unemployment Period:

FROM (Month/Year) _____ TO (Month/Year) _____

Street Address: _____ City: _____ Zip: _____

Reason for Unemployment (other than medical reason): _____

Person to Verify: _____ Phone # _____

Next Most Recent Unemployment Period:

FROM (Month/Year) _____ TO (Month/Year) _____

Street Address: _____ City: _____ Zip: _____

Reason for Unemployment (other than medical reason): _____

Person to Verify: _____ Phone # _____

Next Most Recent Unemployment Period:

FROM (Month/Year) _____ TO (Month/Year) _____

Street Address: _____ City: _____ Zip: _____

Reason for Unemployment (other than medical reason): _____

Person to Verify: _____ Phone # _____

Next Most Recent Unemployment Period:

FROM (Month/Year) _____ TO (Month/Year) _____

Street Address: _____ City: _____ Zip: _____

Reason for Unemployment (other than medical reason): _____

Person to Verify: _____ Phone # _____

Employers in Texas have a legal duty in regard to each employee's safety. You, your fellow workers' and our residents' safety is of utmost importance to West Rest Haven. It is neither beneficial for you nor us to place you in a job where you have a higher risk of injury because of a physical or mental condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions as described in the job description.

Do you have the physical and/or mental capabilities to perform the essential functions of the job?
[ ] Yes [ ] No

PLEASE READ AND SIGN THE FOLLOWING

APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that all the information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for 5 years of work experience, and that I have not knowingly withheld any fact of circumstance which would, if disclosed, affect my application unfavorably.

West Rest Haven is hereby authorized to make any investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), educational, credit or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that an offer of employment and continued employment is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

If employed by West Rest Haven, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.

I also understand that my employment is subject to the completion of the Medical Examination and Mobility Evaluation, which may include a drug and alcohol screening and that my continued employment may be conditioned upon maintaining a favorable health evaluation and/or drug/alcohol can be supplied to the authorized agent of this facility, upon their request.

I understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will be either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

Name: _____ Signature: _____

Date: _____

EMPLOYMENT APPLICANT'S AUTHORIZATION
FOR RELEASE OF EMPLOYMENT RECORDS

I, _____, hereby authorize West Rest Haven to investigate all facts contained in my application for employment with said facility, and authorize the release of any and all information by my present (if indicated on application that this would not pose any difficulty) and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release shall be valid as the original.

Dated: _____

_____ _____
Applicant Signature Facility Representative Signature

_____ _____
Printed Name of Applicant Printed Name of Facility Representative

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____ , acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee (optional)

_____
Date

West Rest Haven
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

Retain in your files

Rev. 09/2015