

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS FACILITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER WE RECRUIT, HIRE TRAIN AND EMPLOY WITHOUT DISCRIMINATION DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEX, MARITAL STATUS OBLIGATION TO SERVE IN THE ARMED FORCES OF THE UNITED STATES, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL OR STATE LAW

PLEASE PRINT ALL REQUESTED INFORMATION

DATE: _____

POSITION(S) APPLIED FOR _____

SALARY DESIRED _____

ARE YOU APPLYING FOR

FULL TIME OR PART TIME REGULAR TEMPORARY SUMMER EMPLOYMENT

IF SEEKING PART TIME WORK SPECIFY THE NUMBER OF DAYS PER WEEK _____

LAST NAME

FIRST NAME

MIDDLE

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NUMBER

()

--

DAY

()

--

EVENING

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB(S) FOR WHICH YOU ARE APPLYING? YES NO

EMAIL: _____

ARE YOU 18 OR OLDER? YES NO

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATING IN THE MEDICARE OR MEDICAID PROGRAM? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES NO
IF YES, DATES, POSITION AND DEPARTMENT EMPLOYED

A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF CRIME AND YOUR SUBSEQUENT REHABILITATION.

HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? YES NO WHEN? _____

DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED AT THIS COMPANY? YES NO
NAME(S) _____

HOW WERE YOU REFERRED?

NEWSPAPER AD

EMPLOYEE REFERRAL

CAREER DAY

JOB FAIR

FRIENDS/RELATIVE

REHIRE

OTHER _____

HAVE YOU EVER BEEN DISCIPLINED FOR RESIDENT OR PATIENT ABUSE? YES NO

OTHER NAMES BY WHICH YOU ARE KNOWN:

SHIFT PREFERENCE
(CHECK ONE)

DAY
 EVENING
 NIGHT

IF PREFERRED SHIFT IS UNAVAILABLE, WILL YOU WORK?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	DAY
<input type="checkbox"/>	<input type="checkbox"/>	EVENING
<input type="checkbox"/>	<input type="checkbox"/>	NIGHT

IF REQUIRED, WILL YOU WORK?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	SATURDAYS
<input type="checkbox"/>	<input type="checkbox"/>	SUNDAYS
<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS
<input type="checkbox"/>	<input type="checkbox"/>	ROTATING SHIFTS

FOR OFFICE USE ONLY

EMPLOYEE NUMBER _____

APPLICATION NUMBER _____

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

NAME OF EMPLOYER	POSITION HELD	DATES FROM TO	HRS/WK
ADDRESS	NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment?	TELEPHONE #
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

NAME OF EMPLOYER	POSITION HELD	DATES FROM TO	HRS/WK
ADDRESS	NAME AND TITLE OF SUPERVISOR	WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment?	TELEPHONE #
CITY STATE ZIP	REASON FOR LEAVING	STARTING SALARY	ENDING SALARY
DUTIES			

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DUTIES			

GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

EDUCATION				
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA DEGREES(S) OBTAINED
HIGH SCHOOL			1 2 3 4	
COLLEGE(S)			1 2 3 4	
			5 6 7 8	
AREA OF SPECIALIZATION OR MAJOR INTEREST			TYPING – Approx WPM SHORTHAND – Approx WPM	
LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED			WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH?	
PROFESSIONAL LICENSES AND/OR CERTIFICATES				
ARE YOU:	CURRENTLY ELIGIBLE	<input type="checkbox"/> REGISTERED <input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSED <input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFIED <input type="checkbox"/> CERTIFICATION
IF LICENSED REGISTERED OR CERTIFIED:				
TYPE	NO:	STATE ISSUED	DATE ISSUED:	EXPIRATION
LANGUAGE SKILLS (OTHER THAN ENGLISH)				
SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK _____, WRITE _____, AND READ _____ INCLUDING SIGN LANGUAGE:				
UNITED STATES MILITARY SERVICE: If you obtained any experience or skills while performing military service that relates to the job for which you are applying, please describe the nature of your duties that led to the experience.				
ADDITIONAL REFERENCES PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANZATIONS, ETC. (NOT FRIENDS OR RELATIVES)				
NAME	ADDRESS	TELEPHONE	RELATIONSHIP	
ADDITIONAL INFORMATION: Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law.				

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

Date: _____

Signature: _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

DATE OF BIRTH	MAIDEN NAME
PERSON TO NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP
ADDRESS CITY STATE	AREA CODE TELEPHONE NUMBER

Pathway Management Company, LLC (“PMC”) and Affiliated Facilities (Lexington House, Heritage Manor South, Senior Village, Heritage Manor Stratmore, Heritage Manor West, The Summit, Heritage Manor of Opelousas, Southern Hills, Heritage Manor of Ville Platte, Matthews Memorial, Flannery Oaks Guest House, Heritage Manor of Mandeville, Audubon Health & Rehab, Heritage Manor of Baton Rouge II, Landmark South, Landmark of Hammond, Heritage Manor of Houma, Landmark of Acadiana, Grand Cove, Forest Manor, Heritage Manor of Slidell, Landmark of Baton Rouge, Ormond Nursing & Care Center, The Oaks of Houma, Landmark of Lake Charles, Landmark of Plaquemine, Town & Country and Landmark of Rayne) (“the Company”)

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY AND SECURITY RECORDS INFORMATION

The Company is required to obtain a criminal history record and perform a security check if it makes a conditional offer of employment to me. I understand that a consumer reporting agency or the Company may make investigative inquiries about me and that any information obtained will be used solely for employment related purposes. I understand that the nature and scope of this investigation may include several sources including, but not limited to, consumer credit, criminal convictions, motor vehicle and other reports. These reports may include information as to my character, general reputation, personal characteristics, mode of living and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers may also be obtained. I understand that information will be requested from various federal, state, parish/county and other agencies.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment related purposes during my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my suitability for continuing employment. I understand that my consent will apply throughout my employment unless I revoke or cancel my consent in writing. I received a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act”

I understand that providing false information concerning a criminal history check is a crime. I authorize any party or agency to furnish the above-mentioned information to ERMS or the Company. I consent to ERMS giving the Company the information. I understand that the Company will provide me with a copy of any report along with the name and address of the reporting agency before a decision is made if the information in it is in any way to be used in making a decision regarding my employment.

Complete Name (First, Middle, Last)		Additional Names used (Include all married names)	
Social Security Number		Date of Birth	
Gender (Male/Female)	Race	Drivers License Number	State Issued
Current Address & Telephone (street, city, state, zip code, phone)		Job Title / Position Applying For	

List each additional place where you have lived, worked, or attended school **during the last ten years**. Use a second form if necessary.

	City or Parish/County	State	Dates
1			
2			

Applicant’s Signature		Date:
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Below to be Completed by the Company Authorized Representative:

Printed Name		Licensed Applicant?	Yes or No
Facility Name		Positive ID of Applicant:	Yes or No
Signature		Date:	

Circle or Check the Box on the Right Side of the Applicable Facility:

MM13	MM23	MM24	MM36	MM37	MM39	MM40	MM49	MM53
MM99	SM16	SM17	SM18	SM20	SM21	SM22	SM25	SM27
SM28	SM38	SM47	SM54	SM55	SM201	SM204	SM205	SM206
SM207								