

Mount Carmel

Senior Living



APPLICATION FOR EMPLOYMENT
(This application is active for 90-days)

Mount Carmel Senior Living offers equal employment opportunities to all persons. It avoids discrimination either in the hiring process or in employment opportunities on the basis of race, color, ancestry, disability, age, sex National origin, citizenship, veteran status or any other category protected by federal, state or local law.



723 First Capitol Drive, St. Charles, MO 63301
636-946-4140 (office) 636-946-1104 (fax)

Employment Application (This application is active for 90-days)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ **SHIFT** _____ **Full Time** _____ **Part Time** _____ **P.R.N.** _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I understand and agree that if hired my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or *Mount Carmel Senior Living*, in the event that I am employed, I understand that regardless of the shift and job that I am first employed I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Home. I understand that I must meet the standards established by the Home for my job classification as a condition of initial and continued employment, which may be determined by a physical examination and/or drug test. I understand also, that if employed, I am required to abide by all rules and regulations of the Home. I understand that no supervisor, officer, agent or representative of the Home, other than its Administrator, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of ninety (90) days. If I wish to be considered after ninety (90) days, I recognize that I must complete a new application for employment.

I grant permission to the Home to investigate my personal, education, and work histories thoroughly. In addition, I authorize the Home to confirm all information that I have given in connection with my application for employment and to obtain information and/or a report from any state agency or entity, which may include both general and personal information about me. I furthermore, release the Home and its agents from liability for any acts or omissions occurring during either such investigation or confirmation or both. I further release any one or more individuals, organizations and their agents, educational institutions that I attend and/or agents, or my former employers and their agents from liability for any acts or omissions occurring in its or their responses to the Home's inquires about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that the Home may deny my application for employment if it has already employed me, that the Home may terminate my employment, I authorize the Home to release information about my history with the Home and release the Home and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

CERTIFICATION AND AUTHORIZATION

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize *Mount Carmel Senior Living's* right to evoke my employment offer or to terminate my employment if it ever finds any of my responses written on the application either to falsify or to omit, or both any information.

Name _____
Date

*****OFFICE USE ONLY*****

Date of Interview: _____ 1st day of Orientation: _____
Department: _____ Position/Shift: _____
Hours of Work: _____ Rate of Pay: _____

Comments: _____

Department Head Signature: _____ Date: _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **Mount Carmel Communities, LLC** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Mount Carmel Communities, LLC**. **Mount Carmel Communities, LLC** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Mount Carmel Communities, LLC** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Mount Carmel Communities, LLC** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Mount Carmel Communities, LLC**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr.

Current Address: _____
 Street Apt.# City State Zip Code From _____

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?



Previous Employer Reference Check

The employee named below has applied for a position with our company. We would appreciate a few minutes of your time by filling out this form and faxing it back to us as soon as possible. All information is kept strictly CONFIDENTIAL. Thank you for you time.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

Position Applied For: _____

REQUESTED INFORMATION

Company Name: _____

Employees Position: _____

Dates of Employment : _____ to _____

Reason For Leaving: _____

- Eligible For Rehire?: () Yes () No
- Attendance: () Good () Average () Fair () Poor
- Attitude: () Good () Average () Fair () Poor
- Appearance: () Good () Average () Fair () Poor
- Job Knowledge: () Good () Average () Fair () Poor

Please fax this form back to Mount Carmel Senior Living at (636) 946-1104