

Encanto Palms Employment Application

Date of Hire:

Personal Information:

Name (Last, First, MI)

Address:

City, State, Zip

Home Phone Number:

Cell Phone Number:

Social Security Number:

Are you 18 years or older ?

E-Mail Address:

Have you been employed at Encanto Palms in the past ?

If so what was the reason for leaving ?

If hired can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S. ?

Have you ever been convicted of a felony ?

If yes explain:

Employment Desired:

Position applying for ?

How did you hear about this position ?

Date available for work ?

Desired hours (full time, part time etc.)

Education:

	Name of School	Location	Did you Graduate ?	Degree/Diploma ?
High School				
College				
Other				
Other				

List any seminars, classes or other special training not listed above which may help qualify you for this position:

Employment Application

Employment History

List below last 4 Employers, starting with your most recent Employer. If currently Employed may we contact your current Employer ? Yes _____ No _____

1. Employer: (current Yes _____ No _____)

Address:

City, State, Zip	Start Date	End Date
Phone number:		
Fax number:	Starting Wage	Ending Wage
Job position:		

Reason for leaving:

Essential job functions of final position:

What value did you add to this company or its customers ?

2. Employer: (current Yes _____ No _____)

Address:

City, State, Zip	Start Date	End Date
Phone number:		
Fax number:	Starting Wage	Ending Wage
Job position:		

Reason for leaving:

Essential job functions of final position:

What value did you add to this company or its customers ?

Employment Application

Employment History

List below last 4 Employers, starting with your most recent Employer. If currently Employed may we contact your current Employer ? Yes _____ No _____

3. Employer: (current Yes _____ No _____)

Address:

City, State, Zip	Start Date	End Date
Phone number:		
Fax number:	Starting Wage	Ending Wage
Job position:		

Reason for leaving:

Essential job functions of final position:

What value did you add to this company or its customers ?

4. Employer: (current Yes _____ No _____)

Address:

City, State, Zip	Start Date	End Date
Phone number:		
Fax number:	Starting Wage	Ending Wage
Job position:		

Reason for leaving:

Essential job functions of final position:

What value did you add to this company or its customers ?

Employee Reference Form

Employee Name:

Date:

Professional Reference #1

Person Contacted:

Phone:

Comments:

Contacted by:

Professional Reference #2

Person Contacted:

Phone:

Comments:

Contacted by:

Personal Reference #1

Person Contacted:

Phone:

Comments:

Contacted by:

Personal Reference #2

Person Contacted:

Phone:

Comments:

Contacted by:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or falsified documents will be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed are accurate.

Signature:

Encanto Palms Assisted Living

Substance Abuse and Testing Policy
Acknowledgment and Consent Form

I. AGREE TO BE BOUND BY POLICY

I do hereby agree to be bound by **Encanto Palms Assisted Living** (the "Company") Substance Abuse Policy (the "Policy"), the terms of which are incorporated herein by reference, as a condition for employment and for purposes of applying for, accepting, or continuing employment with **Encanto Palms Assisted Living**.

II. DRUG FREE STATEMENT

I also hereby state that I am not a user of controlled substances, which have not been prescribed for me by a licensed physician for authorized use. I agree to comply with Drug-Free Workplace Act provisions under the Company's Substance Abuse and Testing Policy and understand that, as a condition of employment, I must notify the Company if I am convicted of a criminal drug offense occurring in and/or outside the workplace no later than five(5) days after any such conviction.

III. HOLD HARMLESS PROVISION

I hereby agree to furnish a specimen, as required for testing under the Policy. I also agree that any company associate who has been authorized and designated by the Company for such purposes, or any physician, laboratory, hospital or medical professional that has been authorized and designated by the Company for such purposes, may perform appropriate chemical tests on my specimen for the presence of illegal drugs or prescription drugs for which I do not have a valid prescription. I further acknowledge that my application for employment or my continued employment with the Company may be affected consistent with the terms of the Policy based upon a positive result of any such tests showing substance usage in violation of the Policy.

To the full extent authorized by applicable laws, rules, and regulation. I release and hold the Company, any such designated person or institution identified above, and laboratory utilized under the Policy, their respective employees, agents, and other contractors for services under the Policy, harmless from and liability (including and liability arising by virtue of negligence) arising from any request made to furnish and required specimen for testing, the testing of such specimen pursuant to the Policy, the release of information in accordance with this authorization and any decisions made concerning my application for employment or my continued employment with the Company based upon a positive result of such test showing drug usage in violation of the Policy.

IV. CONSENT TO THE RELEASE OF TEST RESULTS

I hereby give my permission to any Company associate who has been authorized and designated by the Company for such purposes, and any physician, laboratory, hospital or medical professional that has been authorized and designated by the Company for such purposes, to release the result of any tests made pursuant to the Policy to the Company, the Company's designated Medical Review Officer, the Company's Workers' Compensation insurance carrier, and any other person who has lawful right or need to be informed of such results.

In the event I am seriously injured in a work related accident and unable to provide a specimen at that time, I do hereby authorize the Company to obtain, and the treating facility to release, any hospital 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.

The undersigned further states that he or she has read the provisions of the Policy and the foregoing acknowledgment and consent form, or had such documents read to him or her, knows the content thereof and has freely and voluntarily affixed his or her signature on this document.

The undersigned agrees to have a deduction of \$37.50 taken from his or her final Paycheck, if employment is terminated for any reason within the first 90 days of employment.

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

Applicant's Name (Please Print)

Applicants Signature

Date



Encanto Palms Assisted Living
Phone: 602-352-0000 Fax: 602-272-6533
Employee Reference Check Verification

I _____ do hereby give my permission to release any and all information for the purpose of reference verification.

Signature: _____ Date: _____

Company Name: _____ Phone: _____ Fax: _____

Supervisor: _____ Position Held: _____

Dear Employer,

The above named individual is currently applying for a position with our company as a _____. You were named as a previous employer for this applicant, and we would appreciate your cooperation in completing this reference check. Verbal comments or questions may be directed to Sandra Krohn H/R Payroll Director at 602-352-0000. Thank you for your cooperation.

Hire Date: _____ Term Date: _____

Eligible for Rehire? ____ Yes ____ No

On a scale of 1-5 where 1 is poor and 5 is excellent, how would you rate this employee in the following areas?

<u>Quality</u>	<u>Rating</u>
Job knowledge	_____
Reliability	_____
Professionalism	_____

Additional Comments:

Name of person completing reference: _____ Title: _____

Date: _____

Please return via Fax to: 602-272-6533 Attention Human Resources