# **Covenant Place/Woods of Gardendale**

## APPLICATION FOR EMPLOYMENT

Referral Source:

Prospective employees will receive consideration without discrimination on the basis of race, color, creed, vet status, religion, national origin, sex, age, marital status, or disability. EOE

	Last Name	First	MDate		
P	Street Address		Home Telephone ( )		
E	City, State, Zip	Email Address:	Business Telephone or Cell ( )		
R	Have you ever filed a Have you ever been	an application with us? $\Box$ Yes $\Box$ No employed with us? $\Box$ Yes $\Box$ No If yes, when?	Social Security #		
S	Position applying for		Minimum rate or pay you will accept		
0	Are you Available: □ Full Time □ F	Shifts □ 1st □ 2nd □ 3rd □ weekends			
N	(Proof of citizenship	le for employment in the United States?  Yes  No or immigration status will be required upon employment)	When would you be available to begin work?		
A	Have you been conv If yes please explain		Have you been bonded?		
L		ecessarily disqualify an applicant from employment) y in case of an emergency: Phone ( )			
	Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?				
		yone who is currently employed by or a resident of Covenant Place Name(s):	or Covenant Woods?		

	SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED						DID YOU GRADUATE	DEGREE OR DIPLOMA
E D U	HIGH SCHOOL			9	10	11	12				
C A	COLLEGE			1	2	3	4				
T I O	POST GRADUATE			1	2	3	4				
N	VOCATIONAL OR OTHER (SPECIFY)			1	2	3	4				

### **EMPLOYMENT**

#### Start with your present employer.

	Employer	Date en	nployed	Work Performed
		From	То	work Performed
	Address			
1			ate/Salary	
	Telephone Number	Starting	Final	
	Job Title Supervisor			
	Reason For Leaving			
	Employer		nployed	Work Performed
		From	То	
	Address			
	<b>-</b>		ate/Salary	
2	Telephone Number	Starting	Final	
	Job Title Supervisor	-		
	Job Title Supervisor			
	Reason For Leaving	-		
	Reason for Leaving			
	Employer	Date en	nployed	
		From	То	Work Performed
	Address			
		Hourly Ra	ate/Salary	
3	Telephone Number	Starting	Final	
3				
	Job Title Supervisor			
	Reason For Leaving			
	Employer	Date employed		Work Performed
		From	То	
4	Address		( . <b>/</b> 0 . <b> </b>	
	Talaabaaa Noosbaa	Hourly Ra	ate/Salary Final	
	Telephone Number	Starting	Final	
	Job Title Supervisor	-		
	Reason For Leaving			

#### PERSONAL REFERENCES (Not Former Employers or Relatives)

	Name and Occupation	Address	Phone Number
5			
6			
7			

We may contact the employers and references listed above unless you indicate those you do not want us to. (Employers listed may be contacted after an offer of employment.)

Do Not Contact	Employer/Reference Number(s)
	Reason

Below are some of the working conditions at Covenant Place/Covenant Woods. If you have any objections, please circle "No" and explain the nature of the objection.

Note: An objection does not necessarily disqualify an applicant from consideration.

#### Would you be willing to:

Work overtime when needed?	YES	NO	RATE YOURSELI	at best d	-	/ou.		
Work holidays?	YES	NO	One is average, five is excellent.					
Work a schedule that changes from week to week?	YES	NO	FRIENDLINESS:	1	2	3	4	5
Interrupt your break to help a customer?	YES	NO	HELPFULNESS:	1	2	3	4	5
Be at work on time every time?	YES	NO	WORK ETHIC:	1	2	3	4	5
Report to work and remain free from being under the influence of drugs or alcohol?	YES	NO	HONESTY:	1	2	3	4	5
Wear safety equipment required for your job?	YES	NO	TEAM PLAYER:	1	2	3	4	5

Please explain objections you may have to any of the conditions noted above, such as the desire for a part-time schedule.

#### THIS WORK IS HARD AND OUR STANDARDS ARE HIGH

As you can see, we are looking for friendly, enthusiastic employees who really like helping people and working hard in a fast-paced, ever changing environment. If you are willing to accept the Covenant Place/ Covenant Woods challenge, we will work just as hard for you. We offer state of the art training, great benefits, and the opportunity for a rewarding career.

#### ARE YOU UP TO THE CHALLENGE?

## **APPLICANT'S STATEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in disciplinary action up to and including termination.

I hereby authorize all of my present and former employers, school authorities and persons listed as personal references to furnish Covenant Place/Covenant Woods or any agent acting on its behalf, information concerning my personal character, work habits and employment record (such as a statement of the reasons for the termination or separation of my employment), work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release all such persons and Covenant Place/Covenant Woods' and their respective officers, directors, employees, or agents, in both their individual and representative capacities, from any and all liability for damages of whatever nature arising from furnishing or receiving the requested information.

Covenant Place/Covenant Woods is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of Covenant Place/Covenant Woods' choice. I also understand that, upon written request, I will be informed if a consumer credit report was requested, and if such a report was requested, I will be told the name and address of the agency furnishing the report.

I understand that by signing this form, I consent to taking any blood, "breath-analyzer" or urinalysis tests required by Covenant Place/Covenant Woods as part of the pre-employment procedures or otherwise. I authorize release of any test results to Covenant Place/Covenant Woods. If hired by Covenant Place/Covenant Woods, I consent to drug and alcohol testing and release any test results to Covenant Place/Covenant Woods and release Covenant Place/Covenant Woods, its agents, officers, and employees from liability in connection with or as a result of drug and alcohol testing. I understand that if I refuse to submit to and cooperate with drug or alcohol testing or if the test results are positive, I forfeit any opportunity to work for Covenant Place/Covenant Woods.

I also understand that all employment with Covenant Place/Covenant Woods and its subsidiaries is 'at will' and may be terminated by Covenant Place/Covenant Woods at any time and for any reason or no reason at all with or without notice.

Covenant Place/Covenant Woods is an equal opportunity employer. Our policy is to consider all applicants for employment based on their qualifications and our current job vacancies. Applicants are considered without regard to race, color, religion, sex, national origin, age, disability, or marital status or any other category that may be protected under applicable law.

My signature is evidence that I have read and agree with the above statements.

Applicants Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY					
Abuse Registry:	Date and Time c	of Call:	□ On Registry □ Not on Registry		
CNA Certification:	<ul> <li>☐ Active</li> <li>☐ In-Active</li> <li>☐ Not Registered</li> </ul>	Expiration Date:			

#### **DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS**

This serves to advise you that in consideration for employment (including contract for services) with Covenant Place of Gardendale a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL 32779. TollOfree number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report will **be a background check**. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, of you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.  $\Box$ 

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.  $\Box$ 

Printed Full Name	() Home Phone		_ () Work Phone		
Social Security Number	Maiden or other name used	Year last used	Date of Birth		
Drivers License Number	State	-			
Signature		Date Signe	d	-	



### **Fax Order Form**

Date: \_\_\_\_\_ Requestor: Rosie M. Ross Telephone: (205) 608-2200 Account #: SS493-286 Company: Covenant Place of Gardendale

# of Pages w/Cover 2

	Applicant information (F	Please print clearly.)				
First Name:	Middle Name:	Last Nam	e:			
Address:		City:	ST/Zip:			
Maiden/Other name used:		Dates used:				
Date of birth (for Criminal Chec	k only):///	SSN:				
Driver's License #:		ST:				
SERVICES:						
County Criminal History C	City: State:	// City:	State:			
State Criminal History St	tate: <u>Alabama</u> // State:					
X Nationwide Criminal Search (NationScan)						
Special Notes:						

For questions or to add a service to your form please contact Client Services at 800.725.5051, Option 2

FOR PROCESSING FAX TO : 800.582.5068