



Guided by goodness, loyalty, faith, and fun

Woodland Palms

Assisted Living and Memory Care

COMMUNITY LICENSE NO.

COMMUNITY ADDRESS

**1020 N Woodland Ave,
Tucson, Arizona 85711**

COMMUNITY PHONE

520 – 777- 3198

Employment Application

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)

TELEPHONE
()

ADDRESS

ARE YOU 18 YEARS OF AGE OR OLDER?
YES NO, IF NO, AGE:

SOCIAL SECURITY NO.

DATE OF LAST PHYSICAL EXAM

DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?

YES NO IF YES, PLEASE LIST NAMES USED.

DO YOU POSSES A VALID DRIVER'S LICENSE?

YES NO

CDL NO.:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO, IF YES, PLEASE EXPLAIN

HAVE YOU BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME (FELONY OR MISDEMEANOR) OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN

HAVE YOU HAD A BACKGROUND CHECK CONDUCTED BY THE HEALTH AND WELFARE DEPARTMENT? YES NO

IF YES DATE COMPLETED

WERE YOU CLEARED?
YES NO

DESIRED POSITION

DESIRED POSITION

DESIRED POSITION (2ND CHOICE)

P/T F/T TEMP ON-CALL
OTHER:

HAVE YOU EVER WORKED FOR THIS COMMUNITY?

YES NO

IF YES, WHEN?

HAVE YOU EVER APPLIED FOR A JOB AT THIS COMMUNITY?

YES NO

IF YES, WHEN?

DO YOU HAVE RELATIVES THAT WORK FOR THIS COMMUNITY?

YES NO

IF YES, PLEASE IDENTIFY

WORK AUTHORIZATION

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA?

YES NO

To comply with the Immigration Reform and Control Act, if you are hired, you will be required to provide documents to establish your identity and authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire or upon your first work day if your employment will be less than three (3) days.



Guided by goodness, loyalty, faith, and fun

EDUCATIONAL BACKGROUND

| | | |
|---|--|--|
| HIGH SCHOOL – CIRCLE HIGHEST YEAR COMPLETED 6 7 8 9 10 11 12 | DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO | CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPECTED COMPLETION DATE: |
|---|--|--|

EDUCATION COURSES RELATED TO EMPLOYMENT

| COURSE TITLE | NAME OF SCHOOL OR ORGANIZATION AND ADDRESS | NUMBER UNITS COMPLETED | DATE COMPLETED | CURRENTLY ENROLLED |
|--------------|--|------------------------|----------------|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

COLLEGE/TECHNICAL SCHOOL

| NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS | MAJOR SUBJECT | NO. OF YEARS COMPLETED | NO. OF UNITS COMPLETED | DIPLOMA, DEGREE OR CERTIFICATE | DATE COMPLETED |
|--|---------------|------------------------|------------------------|--------------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

REFERENCES

Please list three (3) persons who can give information about your background, character, abilities etc.

| NAME | ADDRESS | TELEPHONE NO. | RELATIONSHIP TO YOU (FRIEND, EMPLOYER ETC.) |
|------|---------|---------------|---|
| | | | |
| | | | |
| | | | |

PROFESSIONAL & TECHNICAL QUALIFICATIONS

PLEASE LIST ANY PROFESSIONAL AFFILIATIONS OR ACCREDITATIONS THAT HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING. INCLUDE ALL LICENSES AND CERTIFICATIONS.

HAVE YOU EVER HAD YOUR PROFESSIONAL LICENSE OR CERTIFICATION SUSPENDED, REVOKED, OR RESTRICTED?
†YES †NO IF YES, PLEASE EXPLAIN:

DESCRIBE ANY SPECIAL SKILLS OR ABILITIES THAT DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.



Guided by goodness, loyalty, faith, and fun

WORK HISTORY AND EXPERIENCE

Please list your most recent work experience first.

| | | |
|--------------------|-----------------|---|
| EMPLOYER/COMPANY | | DATES OF EMPLOYMENT |
| ADDRESS | | TELEPHONE |
| STARTING POSITION | ENDING POSITION | SUPERVISOR |
| STARTING SALARY | ENDING SALARY | ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REASON FOR LEAVING | | |

| | | |
|--------------------|-----------------|---|
| EMPLOYER/COMPANY | | DATES OF EMPLOYMENT |
| ADDRESS | | TELEPHONE |
| STARTING POSITION | ENDING POSITION | SUPERVISOR |
| STARTING SALARY | ENDING SALARY | ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REASON FOR LEAVING | | |

| | | |
|--------------------|-----------------|---|
| EMPLOYER/COMPANY | | DATES OF EMPLOYMENT |
| ADDRESS | | TELEPHONE |
| STARTING POSITION | ENDING POSITION | SUPERVISOR |
| STARTING SALARY | ENDING SALARY | ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REASON FOR LEAVING | | |

| | | |
|--------------------|-----------------|---|
| EMPLOYER/COMPANY | | DATES OF EMPLOYMENT |
| ADDRESS | | TELEPHONE |
| STARTING POSITION | ENDING POSITION | SUPERVISOR |
| STARTING SALARY | ENDING SALARY | ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REASON FOR LEAVING | | |

MAY WE CONTACT YOUR CURRENT EMPLOYER LISTED ABOVE? YES NO

EQUAL OPPORTUNITY



Guided by goodness, loyalty, faith, and fun

It is our policy to provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, or disabled Vietnam-era status.

VARIOUS AGENCIES OF THE US GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD-KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS.

Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

Completion of this sheet is voluntary and is NOT REQUIRED FOR EMPLOYMENT

NAME

DATE

POSITION(S) APPLIED FOR

RACE

CAUCASIAN/WHITE AFRICAN AMERICAN/BLACK HISPANIC
 ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE
 OTHER

GENDER

MALE FEMALE

Regulations issued by the US Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant are submitted (a) on a voluntary basis (b) on a confidential basis (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so, and provide any information you wish to submit.

SPECIAL DISABLED VETERAN (A person who is entitled to disability veteran compensation under laws administered by the Veterans Administration for disability rated at 30% or more; or was discharged or released from active duty because of a service-connected disability.)

VIETNAM ERA VETERAN (A veteran who is honorably discharged and served 180 days of active duty between August 5, 1964 and May 7, 1975.)

OTHER ELIGIBLE VETERAN (A veteran who served on active duty during a war in a campaign or expedition for which a campaign badge has been authorized.)



CERTIFICATION & ACKNOWLEDGEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information in this application is complete and accurate to the best of my knowledge and belief. I understand and agree that any omissions or false or inaccurate statements in my application or interview may be justification for refusal to hire or termination of employment.

I hereby authorize this community and/or its duly authorized agents to investigate all references, to contact all prior employers and to secure additional information about me concerning my qualifications for the position applied for. I hereby release from liability this community and its representatives for seeking such information.

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies, consumer reporting agencies, investigative companies, and any other persons, companies or governmental or other agencies to give this community any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage or injury that may result from furnishing information to this community I also release this community and all of its employees from all liability for any damage or injury that may result from reliance on the information furnished.

I understand and agree that nothing contained in this application or in the hiring process is intended to create an employment contract. If I am offered and accept employment, I agree to abide by this community's policies and procedures, and Employee Handbook. I understand and agree that my employment is 'at will' and therefore my employment can terminate, with or without cause, at any time at my option or the option of this community. This 'at will' employment relationship may not be modified by any oral or implied agreement.

I understand and agree that I must meet all the physical standards established by this community to perform the essential functions of any job for which I am offered employment. I understand that if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand and agree that this community may from time to time require that I submit to a drug and/or alcohol test as a condition of employment. This community reserves the right to conduct searches on this Community's property or of this Community's vehicles, and/or equipment at any time. I further understand that if I refuse to submit to a search I may be terminated.

I understand and agree that this application will remain active for 90 days. If I still want to be considered for a position with this community after this application expires, it is my responsibility to complete a new application.

APPLICANT SIGNATURE

DATE



Guided by goodness, loyalty, faith, and fun

CONDITIONAL EMPLOYMENT DRUG SCREENING CONSENT FORM

PLEASE READ CAREFULLY AND SIGN BELOW

This community requires a conditional employment test for substance abuse, for the purpose of determining fitness for employment. This community has adopted a zero-tolerance drug and alcohol policy applicable to all its workers and applicants.

Your offer of employment will be withdrawn unless you have agreed to and pass a conditional employment test for substance abuse.

I certify that I have read and understand the rules pertaining to Drugs and Alcohol, and I further agree and consent to taking any blood, "Breathalyzer," or urine test requested by the company as part of a conditional employment offer.

I hereby authorize the Community designated doctors(s) clinics to release the results of the physical examination, including any test results to this Community.

I understand that failure to consent to this is considered voluntary withdrawal of my application for employment and precludes further consideration for employment. The results of the physical examination will be treated confidentially.

I have been advised of my right to receive, and have been offered a copy of this signed authorization.

APPLICANT SIGNATURE

DATE



CONFIDENTIAL REFERENCE CHECK

The person named below has applied for employment with this community. He/she has authorized the collection of any information concerning past employment with your organization. This is a community of senior adults, and our employees must be of the highest quality to care for and respect the choices of our residents. It is important to us that we hire the right people for this job, and we appreciate your reply to the questions below. Thank you for your time and thoughtful response.

Community Representative

(Applicant's Name) applying for _____
(Position)

I hereby release from all liability, the company named below, and authorize them to release all information regarding my past employment with them.

Date

Applicant's Signature

Previous Employer: _____
Contact Person: _____ Title: _____
Address: _____
Telephone: _____ Fax: _____

Please verify employment dates

From _____ to _____

Please verify salary

Salary: _____ per hr wk mo yr

Applicants overall performance:

Above average Average Below average Poor

Please rate the following:

| | | | | |
|-----------------|--|----------------------------------|--|-------------------------------|
| Quality of work | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Professionalism | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Honesty | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Attendance | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Teamwork | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Attitude | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Dependability | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Compassion | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |

Reason for leaving: _____

Would you rehire? Yes No

Signature: _____ date _____