

**Country Club
Retirement Campus**

A Senior Health Care Community

**Sanctuary
Home Health Care, LLC**

Enhancing the Quality of Life at Home

APPLICATION FOR EMPLOYMENT

ABOUT OUR COMPANY

Thank you for your interest in applying for a job with our company. Because of our commitment to offering the highest possible satisfaction and care to our residents and patients, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations, and interests, so that we can make careful and deliberate hiring decisions that will benefit both the company and our employees. Please answer the following questions honestly, completely, and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap, or disability.

Date of Application: _____

PERSONAL INFORMATION

Name: (Last Name, First Name)			
Address:	City:	State:	Zip:
Telephone w/ area code:		Social Security No:	
If you have ever worked under another name, please identify:			
Email Address			

Are you 18 years of age or older? Yes No

If under 18 years of age, can you provide a work permit? Yes No

Are you either a U.S. citizen or authorized to work in the U.S.? Yes No

Have you lived in Ohio for the last 5 years? Yes No

Have you ever been convicted of or plead guilty to a disqualifying crime**? Yes No

If yes, please provide details, including date(s):

** A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.**

YOUR JOB INTERESTS

Position Desired:
How did you learn about this position? Website_____ Online_____ Newspaper_____ Other_____
What starting salary or wage do you expect: \$_____/hr \$_____/wk \$_____/mo
Do you prefer: Full-Time_____ Part-Time_____ 1 st Shift_____ 2 nd Shift_____ 3 rd Shift_____
Total Hours Per Week Desired:_____
Are you available to work overtime? Yes_____ No_____
Are you willing to work any shift? Yes_____ No_____
Date you can start:
How did you learn of this job opening?
Have you ever worked for CCRC or Sanctuary before? Yes_____ No_____ When?
Former Supervisor:
Reason for leaving:
Do you know anyone who works here? Yes_____ No_____
Who?

Days of the week that you are available to work (check all that apply):

SUN* MON TUE WED THU FRI SAT* WEEKENDS* HOLIDAYS*

Times of the day that you are available to work (check all that apply):

MORNINGS AFTERNOONS EVENINGS NIGHTS*

OR hours of the day that you are available to work: (circle all that apply):

MORNING: 7 8 9 10 11

AFTERNOON: 12 1 2 3 4

EVENING: 5 6 7 8 9 10

NIGHT*: 11 12 1 2 3 4 5 6

** If required for the position for which you are applying. **

EDUCATION

School Name/Location/Dates Attended

High School Attended: _____

Graduated? Yes No Course of Study: _____

Technical School Attended: _____

Graduated? Yes No Course of Study: _____

College/University Attended: _____

Graduated? Yes No Course of Study: _____

Please list any other relevant Course Work on the back of this page, including Location, CEU's, licenses, certificates, etc. obtained.

MILITARY EXPERIENCE*(Completing this section of the application is optional. Leave this area blank if you do not wish to answer.)*

Have you ever been in the United States Armed Services? Yes_____ No_____
If so, what branch of service?
Dates Served: from _____/_____/_____ to _____/_____/_____
Rank at Discharge:
Describe any skills you acquired in the Service that may be useful to the job for which you are applying:

WORK EXPERIENCE*(Beginning with your present or most recent employer, describe your employment experiences below. If you need more room, please attach another sheet of paper.)*Are you presently employed? Yes NoAre you on layoff and subject to recall? Yes No

If so, where? _____

Present or Last Employer:	
Address:	
Phone:	
May we contact this employer? Yes_____ No_____	
If "No," please explain:	
Starting Position:	Pay: \$
Final Position:	Pay: \$
Dates Employed: From:	To:
Name & Title of Supervisor:	
Description of your work and responsibilities:	
Reason For Leaving:	
Will you receive a satisfactory reference from this employer? Yes_____ No_____	
If "No," please explain:	

Next Previous Employer:	
Address:	
Phone:	
May we contact this employer? Yes _____ No _____	
If "No," please explain:	
Starting Position:	Pay: \$
Final Position:	Pay: \$
Dates Employed: From:	To:
Name & Title of Supervisor:	
Description of your work and responsibilities:	
Reason For Leaving:	
Will you receive a satisfactory reference from this employer? Yes _____ No _____	
If "No," please explain:	

Next Previous Employer:	
Address:	
Phone:	
May we contact this employer? Yes _____ No _____	
If "No," please explain:	
Starting Position:	Pay: \$
Final Position:	Pay: \$
Dates Employed: From:	To:
Name & Title of Supervisor:	
Description of your work and responsibilities:	
Reason For Leaving:	
Will you receive a satisfactory reference from this employer? Yes _____ No _____	
If "No," please explain:	

PERSONAL INFORMATION

Do you have, or have you applied for the legal right to remain permanently and work in the United States?

Yes No

Have you ever been discharged or asked to resign by an employer? Yes No

If yes, please explain:

IN CASE OF EMERGENCY

Name:			
Address:	City:	State:	Zip:
Phone:		Relationship:	

PLEASE COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE COMPANY VEHICLES.

Do you have a valid driver's license? Yes _____ No _____
License Number:
State license is issued in:
Have you had any accidents in the last five years? Yes _____ No _____
If "yes," please give details:
Have you been cited for any moving violations in the last five years? Yes _____ No _____
If "yes," please give details:
Has your driver's license ever been suspended, revoked, denied, or cancelled? Yes _____ No _____
If "yes," please explain:

YOUR REFERENCES

Please list the names of at least three professional references who have known you for at least three years and from whom you can obtain letters of recommendation. These professional references should be a supervisor, manager, or past client from a previous or an existing position. We may also contact them, so please indicate whether we have your permission or not. Please do not list relatives.

Name:		
Address:		Phone:
Title:		Company:
Industry:	Relationship:	Years Known:
Can we contact this reference? Yes _____ No _____		

Name:		
Address:		Phone:
Title:		Company:
Industry:	Relationship:	Years Known:
Can we contact this reference? Yes _____ No _____		

Name:		
Address:		Phone:
Title:		Company:
Industry:	Relationship:	Years Known:
Can we contact this reference? Yes _____ No _____		

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate, and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I certify that I am physically capable of performing the job requirements expected.

This employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with the Company after this period of time, I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the CEO of Holland Management Inc. has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college, or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Reporting to Work:		Wages:	
Scheduled Increases:			
Department:		Personnel:	Department Head:
Title of Position:			