



Application for Employment

Position Applying For: _____ Date: _____

Wage Desired _____

Schedule Desired Full Time Part Time Temporary Day Evening Nights

Date Available to Start _____

Are there any hours, shifts or days you will not work? Yes No

If yes, explain: _____

How did you hear of us? _____

Note: This application was designed to use with several types of positions. Some questions may not be applicable to the position you are seeking, however, we ask that you answer all questions.

 Last Name First Name Middle Name

 Present Address (Street/City/State/Zip)

() _____
 Telephone Number Social Security Number

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identify and your legal rights to work in the U.S.? Yes No

Are you over 18 years of age? Yes No

Have you ever been convicted of any crime? Yes No

If yes, give dates and explain: _____

(A conviction will not necessarily disqualify you from employment.)

Educational Data

School	Print Name, Street Address, City and State of each school	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Trade, Business, Night or Correspondence				
Other				

Other skills: List any other job-related skills, qualifications, or licenses that support your application.

Honors Received: _____

Do you have a friend employed by The Oaks of Clearwater that encouraged you to apply? Please name: _____

Employment Experience

Employer	Dates		Work Performed
Job Title	From	To	
Phone			
Address	Salary		
Supervisor	Start	Final	
Reason for Leaving			
May we inquiries of this employer? () Yes () No If no, explain:			

Employer	Dates		Work Performed
Job Title	From	To	
Phone			
Address	Salary		
Supervisor	Start	Final	
Reason for Leaving			
May we inquiries of this employer? () Yes () No If no, explain:			

Employer	Dates		Work Performed
Job Title	From	To	
Phone			
Address	Salary		
Supervisor	Start	Final	
Reason for Leaving			
May we inquiries of this employer? () Yes () No If no, explain:			

Membership in Organizations/Professional groups which, in your opinion, have a direct bearing on the position you are seeking: _____

Are you a veteran of the U.S. Military Service? _____ Yes _____ No

If yes, what branch of service? _____

If yes, beginning date and ending date of active duty _____

Date of Discharge from Military Service _____

Have you ever been dismissed or resigned from any employment? _____ Yes _____ No

If yes, please explain: _____

Are you presently employed? ___ Yes ___ No Are you on layoff and subject to recall? Yes ___ No ___

Have you filed an application here before? ___ Yes ___ No Can you travel if the job requires it? Yes ___ No ___

Do you have friends/relatives who work here? ___ Yes ___ No Will you work overtime if asked? Yes ___ No ___

Character References

Name	Address and Telephone	Occupation

Notice to Applicants

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, disability, or marital status. We assure you that your opportunity for employment depends solely upon your qualifications.

Please Read and Sign Below

I understand that, if hired, I will be placed on a 90-day probationary period. I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the President of the Company.

I certify that all information given on this employment application, any resume that I submit to the Company, and any related papers and answers given during oral interviews are true and correct. I understand that the Company will make a thorough investigation of my work, criminal, and personal history. I authorize the giving and receiving of any such information requested by the Company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

Signature _____

Date _____



EMPLOYMENT REFERENCE REQUEST FORM

Telephone Verification

Date: _____ Time: _____

Mail Verification Fax Verification

Reference Checked by: _____

Applicant Name

Social Security Number

Position Applied for

Company Name

Supervisor Title

Phone Number

Exceeds Expectations

Meets Expectations

Does not meet Expectations

Knowledge of Work
Comments:

Quality of Work
Comments:

Problem Solving Ability
Comments:

Interpersonal Skills
Comments:

Reason for Leaving: _____

Additional Comments: _____

APPLICATION STATEMENT

I authorized the individual and company named above to give The Oaks of Clearwater the information requested above and release all parties concerned from any liability as a result of furnishing such information.

Signature of Applicant _____

Date: _____



EMPLOYMENT REFERENCE REQUEST FORM

Telephone Verification

Date: _____ Time: _____

Mail Verification Fax Verification

Reference Checked by: _____

Applicant Name

Social Security Number

Position Applied for

Company Name

Supervisor Title

Phone Number

Exceeds Expectations

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Knowledge of Work
Comments:

Quality of Work
Comments:

Problem Solving Ability
Comments:

Interpersonal Skills
Comments:

Reason for Leaving: _____

Additional Comments: _____

APPLICATION STATEMENT

I authorized the individual and company named above to give The Oaks of Clearwater the information requested above and release all parties concerned from any liability as a result of furnishing such information.

Signature of Applicant _____

Date: _____



EMPLOYMENT REFERENCE REQUEST FORM

Telephone Verification

Date: _____ Time: _____

Mail Verification Fax Verification

Reference Checked by: _____

Applicant Name

Social Security Number

Position Applied for

Company Name

Supervisor Title

Phone Number

Exceeds Expectations

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Does not meet Expectations

Knowledge of Work
Comments:

Quality of Work
Comments:

Problem Solving Ability
Comments:

Interpersonal Skills
Comments:

Reason for Leaving: _____

Additional Comments: _____

APPLICATION STATEMENT

I authorized the individual and company named above to give The Oaks of Clearwater the information requested above and release all parties concerned from any liability as a result of furnishing such information.

Signature of Applicant _____

Date: _____

The Oaks of Clearwater
Interview Questions

1. What is your response to finding a \$10.00 bill on the floor in your workplace?
 - a. Stuff it in your pocket. Finders, keepers.
 - b. Talk to your co-worker about it.
 - c. Bring it to your supervisor's attention.
 - d. Leave it laying there.

2. It would be better to make a mistake and then tell my supervisor, then to wait and hope she/he doesn't find out.
 - a. True
 - b. False

3. People who get injured at work are _____.
 - a. Careless
 - b. Sometimes faking it.
 - c. Looking for money from insurance.
 - d. All of the above

4. The truth will set you free.
 - a. True
 - b. False

5. The number one reason I want to work at the Oaks of Clearwater is _____

6. I have integrity as demonstrated by the following situation: _____

(Definition of integrity is a firm adherence to a code of moral values.)



AFFIDAVIT OF COMPLIANCE WITH Background Screening Requirements

Authority: As specified in subsection 408.809(2), Florida Statutes (F.S.), proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Agency for Persons with Disabilities, or the Department of Children and Family Services satisfies the requirements provided that such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of sections 435.04 and 408.809(5) F.S.

Please complete the following and attach to the proof of level 2 compliance described above.

Name:
As an applicant for employment with:
Address of Health Care Provider:

I hereby attest to meeting the requirements for employment and that I have not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S

- a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04, relating to murder.
- (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (f) Section 782.071, relating to vehicular homicide.
- (g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (h) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (i) Section 784.021, relating to aggravated assault.
- (j) Section 784.03, relating to battery, if the victim of the offense was a minor.

- (k) Section 784.045, relating to aggravated battery.
- (l) Section 784.075, relating to battery on a detention or commitment facility staff.
- (m) Section 787.01, relating to kidnapping.
- (n) Section 787.02, relating to false imprisonment.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Chapter 796, relating to prostitution.
- (v) Section 798.02, relating to lewd and lascivious behavior.
- (w) Chapter 800, relating to lewdness and indecent exposure.
- (x) Section 806.01, relating to arson.
- (y) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (z) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (aa) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (bb) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (cc) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (dd) Section 826.04, relating to incest.
- (ee) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (ff) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (gg) Former s. 827.05, relating to negligent treatment of children.
- (hh) Section 827.071, relating to sexual performance by a child.
- (ii) Section 843.01, relating to resisting arrest with violence.
- (jj) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

- (kk) Section 843.12, relating to aiding in an escape.
 - (ll) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
 - (mm) Chapter 847, relating to obscene literature.
 - (nn) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
 - (oo) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
 - (pp) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
 - (qq) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
 - (rr) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
 - (ss) Section 944.47, relating to introduction of contraband into a correctional facility.
 - (tt) Section 985.701, relating to sexual misconduct in juvenile justice programs.
 - (uu) Section 985.711, relating to contraband introduced into detention facilities.
- (4) Standards must also ensure that the person:
- (a) For employees or employers licensed or registered pursuant to chapter 400 or chapter 429, does not have a confirmed report of abuse, neglect, or exploitation as defined in s. 415.102(6), which has been uncontested or upheld under s. 415.103.
 - (b) Has not committed an act that constitutes domestic violence as defined in s. 741.30.

Criminal offenses found in section 408.809(5), F.S

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud, if the offense was a felony.
- (d) Section 409.9201, relating to Medicaid fraud, if the offense was a felony.
- (e) Section 741.28, relating to domestic violence.
- (f) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (g) Section 810.02, relating to burglary.
- (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (i) Section 817.234, relating to false and fraudulent insurance claims.
- (j) Section 817.505, relating to patient brokering.
- (k) Section 817.568, relating to criminal use of personal identification information.
- (l) Section 817.60, relating to obtaining a credit card through fraudulent means.

- (m) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (n) Section 831.01, relating to forgery.
- (o) Section 831.02, relating to uttering forged instruments.
- (p) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (q) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (r) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (s) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.

Affidavit

Under penalty of perjury, I, _____, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in sections 435.04 and 408.809(5), F.S. In addition, I agree to immediately inform my employer if convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, F.S.

Signature

Title

Date