ABLE TRUE CARE ASSISTED LIVING FACILITY

APPLICATION FOR EMPLOYMENT

Able True Care is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

Date: _____ DOB: _____ SSN: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alt. Telephone #: _____

Position (s) applied for: _____ Email address: _____

Are you applying for: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ PRN ☐ Summer employment

If seeking Part-Time work, specify the number of days per week: _____

Date available for work? _____

Shift Preference (check one):
Day ☐ Evening ☐ Night ☐

If the preferred shift is unavailable, will you work?
Day: Yes ☐ No ☐
Evening: Yes ☐ No ☐
Night: Yes ☐ No ☐

If required, will you work:
Saturdays: Yes ☐ No ☐
Sundays: Yes ☐ No ☐
Holidays: Yes ☐ No ☐
Rotating Shifts: Yes ☐ No ☐

Are you either a U.S. citizen or a permanent resident who has the legal right to work in the position (s) for which you are applying? Yes ☐ No ☐ Are you 18 or older? Yes ☐ No ☐

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes ☐ No ☐
If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION (**NOTE**: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Did you graduate from high school or receive GED? Yes ☐ No ☐

Type of School	Name of School	Dates Attended	Date Graduated	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Fields of Study
Undergraduate Colleges or Universities						
Graduate Schools						

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (L.V.N., R.N., etc.)	Date issued	Date expires	Issued by	License #

Special Training/Skills/Qualifications: List all job-related training or skills you possess

_____

_____

_____

_____

Have you ever been disciplined for resident abuse? Yes ☐ No ☐

Have you ever been disciplined for child abuse? Yes ☐ No ☐

Do you have relatives employed at this facility? Yes ☐ No ☐ If "Yes" Name: _____

Do you speak a language other than English? Yes ☐ No ☐

If yes, what language(s) _____ How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? Yes ☐ No ☐

If yes, which language(s) _____

Have you ever been employed at this facility? Yes ☐ No ☐

EMPLOYMENT HISTORY

Most Recent Employer

Employer Name: _____

Job Title: _____

Dates of Employment: From: _____ To: _____

Supervisor Name & Phone #: _____

Brief Description of Duties: _____

_____

_____

_____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Dates of Employment: From: _____ To: _____

Supervisor Name & Phone #: _____

Brief Description of Duties: _____

_____

_____

_____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Dates of Employment: From: _____ To: _____

Supervisor Name & Phone #: _____

Brief Description of Duties: _____

_____

_____

_____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Dates of Employment: From: _____ To: _____

Supervisor Name & Phone #: _____

Brief Description of Duties: _____

_____

_____

_____

Reason for Leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the facility will check with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other organizations for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional. The Facility to which I am applying may use the SSN for administrative tracking and for identifying individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

_____ _____

Signature – Applicant Date

In consideration of my employment, I agree to conform to all of the rules and regulations of this facility, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either this facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no representative of this facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

As a condition of employment, I hereby consent to testing for drug and alcohol use, as determined to be appropriate by management, either before being hired or at any time during my employment with this facility.

_____ _____

Signature – Applicant Date

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APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

Name: _____
Last First Middle

Address: _____
City State ZIP Code

Phone #: _____ Sex: M ☐ F ☐ Birth Date: _____

Ethnic Origin: **W**-White ☐ **B**-Black ☐ **H**-Hispanic ☐ **P**-Asian/Pac. Islander ☐ **I**- Am.Ind/Alaskan ☐ **O**-Other ☐

Veteran: Yes ☐ No ☐ Spouse of Veteran: Yes ☐ No ☐ Orphan of Veteran: Yes ☐ No ☐

How did you find out about this job?
Facility Web site ☐ Friend/Family ☐ Professional Publication ☐ Other ☐ (specify): _____

_____ _____
Signature - Applicant Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER

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Criminal Conviction History and Registry Checks

Applicant Authorization and Acknowledgment (Applicant must complete this section.)

I, _____ , give my permission to check for a criminal conviction history, and to check the required registries initially and annually. I also understand that a criminal conviction or a registry listing that prohibits a person from employment in a health care setting in the state of Texas may prohibit my employment.

Applicant must complete this section.

Name: _____
Last First Middle

Alias: _____ Maiden Name: _____

Date of Birth (mm/dd/yyyy): _____ Social Security No.: _____

_____
Signature – Applicant Date