

Team Member Application

WELCOME TO ASHLEY CARE CENTER

THANK YOU FOR APPLYING TO JOIN THE ASHLEY CARE CENTER TEAM. BEFORE YOU COMPLETE THIS APPLICATION, WE WANT YOU TO KNOW A LITTLE ABOUT ASHLEY CARE.

AS A SUCCESSFUL TEAM MEMBER, YOU WILL LEARN VALUABLE JOB SKILLS INCLUDING:

- TECHNICAL SKILLS (RELATED TO YOUR POSITION)
- SOCIAL SKILLS (COMMUNICATION, WORKING WITH OTHERS)
- BUSINESS KNOWLEDGE (INSERVICES, DAY TO DAY SKILLS)
- ORGANIZATION AND PLANNING (TIME MANAGEMENT)
- RESPONSIBILITY (SAFETY ISSUES)
- CORPORATE COMPLIANCE (LEGAL ISSUES)

AS A TEAM MEMBER YOUR MOST IMPORTANT JOB WILL BE TO PROVIDE THE UPMOST CARE FOR THE RESIDENTS OF ASHLEY CARE CENTER

- ACCURATE SERVICE (OUR RESIDENTS EXPECT TO RECEIVE THE MOST COMPETENT AND EXPERT SERVICE YOU ARE TRAINED TO PROVIDE)
- CLEAN SURROUNDINGS (OUR RESIDENTS WILL LIVE IN A CLEAN AND COMFORTABLE ENVIROMENT)
- COURTEOUS SERVICE (OUR GOAL TO OUR RESIDENTS IS TO PROVIDE CONTINUOUS AND COURTEOUS RESPECT AND UP HOLD ALL ASPECTS OF DIGNITY)
- A SMILE AND FRIENDLY MANNER WILL ENCOURAGE OUR RESIDENTS TO RETURN THE GESTURES

TO COMPLETE THIS APPLICATION;

- USE A BLUE OR BLACK INK PEN
- ANSWER ALL OF THE QUESTIONS COMPLETELY. IF YOU DO NOT UNDERSTAND A QUESTION, ASK THE DEPARTMENT MANAGER TO EXPLAIN IT. YOU ARE NOT REQUIRED TO GIVE ANY INFORMATION IN REPOSE TO A QUESTION THAT IS PROHIBITED BY LAW
- IF YOU HAVE QUESTIONS ABOUT JOB DUTIES, ASK THE DEPARTMENT MANAGER, HE/SHE WILL BE GLAD TO ANSWER ALL OF YOUR QUESTIONS
- CAREFULLY READ THE INFORMATION ON THE APPLICATION. AFTER YOU HAVE ANSWERED ALL QUESTIONS, SIGN THE APPLICATION.
- RETURN THE COMPLETED APPLICATION TO THE DEPARTMENT HEAD. HE/SHE WILL REVIEW THE APPLICATION AND CONTACT YOU AS THE POSITION YOU HAVE APPLIED FOR BECOMES AVAILABLE.
- APPLICATIONS ARE EFFECTIVE FOR A NINETY (90) DAY PERIOD, AFTER THIS YOU MUST EITHER UPDATE YOUR INFORMATION WITH HUMAN RESOURCES OR RE-APPLY.

ASHLEY CARE CENTER IS AN EQUAL OPPORTUNITY EMPLOYER WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, SEXUAL ORIENTATION, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER FACTORS MADE UNLAWFUL UNDER APPLICABLE FEDERAL AND STATE LAWS. ALL PERSONNEL DECISIONS ARE MADE WITHOUT PREJUDICE OR DISCRIMINATION, IN ACCORDANCE WITH THE PRINCIPLES OF EQUAL OPPORTUNITY.

AS A CONDITION OF EMPLOYMENT, YOU MUST CONSENT TO A PRE-EMPLOYMENT DRUG TEST. WE MAY REQUEST A URINE, BLOOD, OR HAIR SAMPLE. IN ADDITION, WE WILL REQUIRE A DRUG TEST IF YOU ARE SUSPECTED OF WORKING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL (EXCEPT MEDICATIONS PRESCRIBED BY YOUR PHYSICIAN), IF YOU ARE INJURED ON THE JOB, AND IF YOU ARE ON LEAVE FOR ANY REASON FOR MORE THAN 30 DAYS.

YOU ARE ALSO REQUIRED BY LAW TO CONSENT TO A CRIMINAL BACKGROUND CHECK.

PERSONAL INFORMATION

NAME _____ TODAY'S DATE _____

PHONE NUMBER _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

EMERGENCY CONTACT _____ PHONE # _____

ARE YOU UNDER 18 YEARS OLD NO YES DATE OF BIRTH _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES

IF YOU ARE A CERTIFIED OR LICENSED APPLICANT WE WILL CHECK WITH THE STATE TO VERIFY THE STATUS OF YOUR LICENSE OR CERTIFICATION.

POSITION REQUESTED

LICENSED NURSING: L.P.N. LICENSE # _____ R.N. LICENSE # _____

CENA LICENSE # _____

LAUNDRY _____ DIETARY _____ HOUSEKEEPING _____ OTHER _____

AVAILABILITY

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

SATURDAY _____ SUNDAY _____

WHEN WILL YOU BE ABLE TO START WORK _____

FULL TIME _____ PART TIME _____

EXPECTED WAGE _____

EDUCATION

HIGH SCHOOL	CITY/STATE	YEARS COMPLETED	DIPLOMA
_____	_____	_____	_____

COLLEGE	CITY/STATE	YEARS COMPLETED	DIPLOMA
_____	_____	_____	_____

WORK EXPERENICE

COMPANY	SUPERVISOR NAME & PHONE #	EMPLOYMENT DATES
1. _____	_____	_____
2. _____	_____	_____

MAY WE CONTACT YOUR FORMER EMPLOYERS YES NO
IF NO WHY NOT?

HAVE ANY OF YOUR RELATIVES WORKED AT ASHLEY CARE CENTER? YES NO

NAME _____ RELATIONSHIP _____

PERSONAL REFERENCE

NAME	PHONE #	RELATIONSHIP
_____ / _____ / _____		
_____ / _____ / _____		
_____ / _____ / _____		

APPLICANT'S STATEMENTS

(READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.)

1. THE INFORMATION I AM PRESENTING IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION COULD RESULT IN THE DENIAL OF MY APPLICATION, WITHDRAWAL OF ANY OFFER OF EMPLOYMENT, OR IMMEDIATE DISCHARGE.
2. I UNDERSTAND THAT IN CONNECTION WITH THE APPLICATION PROCESS, ASHLEY CARE CENTER MAY CONTACT MY FORMER EMPLOYERS AND REFERENCES THAT I HAVE AGREED TO.
3. IF EMPLOYED, I AGREE TO CONFORM TO THE POLICES AND PROCEDURES AT ASHLEY CARE CENTER.
4. **I UNDERSTAND THAT IF I ACCEPT EMPLOYMENT AND I VOLUNTARILLY QUIT WITHIN THE FIRST 90 SCHEDULED WORK DAYS THAT I MUST REIMBURSE ASHLEY CARE CENTER FOR THE COST OF MY PRE-EMPLOYMENT COSTS INCLUDING BUT NOT LIMITED TO MY PHYSICAL, TB TEST AND HEP B SERIES.**
5. I UNDERSTAND THAT UPON OFFER OF EMPLOYMENT, I MUST BY LAW AGREE TO A CRIMINAL BACKGROUND CHECK AND I CONSENT TO THIS.

APPLICANT'S SIGNATURE

DATE

_____ / _____