

Employment History:

List employers in reverse order starting with your most recent. Include U.S. Military Service

| | |
|----------------------------------|-------------------------------------|
| Employer 1 | |
| Name: _____ | Position(s) Held: _____ |
| Address: _____ | Dates of Employment: _____ to _____ |
| City/State/Zip: _____ | Ending Pay Rate: _____ |
| Supervisor: _____ Phone #: _____ | Reason for Leaving: _____ |
| Employer 2 | |
| Name: _____ | Position(s) Held: _____ |
| Address: _____ | Dates of Employment: _____ to _____ |
| City/State/Zip: _____ | Ending Pay Rate: _____ |
| Supervisor: _____ Phone #: _____ | Reason for Leaving: _____ |
| Employer 3 | |
| Name: _____ | Position(s) Held: _____ |
| Address: _____ | Dates of Employment: _____ to _____ |
| City/State/Zip: _____ | Ending Pay Rate: _____ |
| Supervisor: _____ Phone #: _____ | Reason for Leaving: _____ |
| Employer 4 | |
| Name: _____ | Position(s) Held: _____ |
| Address: _____ | Dates of Employment: _____ to _____ |
| City/State/Zip: _____ | Ending Pay Rate: _____ |
| Supervisor: _____ Phone #: _____ | Reason for Leaving: _____ |
| Employer 5 | |
| Name: _____ | Position(s) Held: _____ |
| Address: _____ | Dates of Employment: _____ to _____ |
| City/State/Zip: _____ | Ending Pay Rate: _____ |
| Supervisor: _____ Phone #: _____ | Reason for Leaving: _____ |

**If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

If any employment was under a different name, please indicate name(s): _____

May we contact the employers listed above? Yes No If no, list which one(s) you do not wish us to contact _____

Explain any gaps of greater than one month in your work history: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain: _____

Except for minor traffic violations, have you ever been convicted of a crime? Yes No If yes, explain: _____

Have you ever been excluded from working due to findings of abuse, neglect, theft, fraud or another other disqualifying condition? Yes No If yes, explain: _____

*A criminal conviction or prior history of an exclusion will not necessarily prevent you from being hired

References:

Professional: Include at least two if possible

Personal: Include at least one if possible

| | |
|--|---|
| Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____ | Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____ |
| Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____ | Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____ |
| Name: _____ Title: _____ Address: _____ City/State/Zip: _____ Phone: _____ | Name: _____ Relationship: _____ Address: _____ City/State/Zip: _____ Phone: _____ |

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Carriage Square Living & Rehab Center to hire me. If I am hired, I understand that either Carriage Square Living & Rehab Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Carriage Square Living & Rehab Center has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Carriage Square Living & Rehab Center true and complete information on this application. No requested information has been concealed. I authorize Carriage Square Living & Rehab Center and its authorized agents to verify any job-related information provided in connection with this application and release Carriage Square Living & Rehab Center and any persons, companies or corporations from liability or responsibility for the information obtained. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. If employed, I understand that I will be required to provide proof of eligibility to work within three days of hire or risk being dismissed.

Signature: _____

Date: _____

Office Use Only

Interview Date: _____

Interviewer Name: _____

Interview Notes:

Pre-Employment Review

Reference Verification

| Date Completed | Time | Name or Agency Contacted | Comments |
|----------------|------|--------------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Other Verifications *Attach copies of all screen shots of online verifications when appropriate

| Date Completed | Item | Initials | Comments |
|----------------|---|----------|----------|
| | Licensure check | | |
| | Healthcare Registry, EDL, FCSR, etc. | | |
| | OIG Exclusion List | | |
| | System for Award Management | | |
| | Sex Offender Registry | | |
| | Certification Check; insulin, IV cert, etc. | | |
| | Other: | | |
| | Other: | | |

Hiring Decision:

Hired: Yes No Position: _____ Rate of Pay: _____ per _____

Date of Conditional Offer: _____ Expected Start Date: _____

Post Employment Review: *Complete only upon the acceptance of a conditional job-offer

| Date Completed | Item | Initials | Comments |
|----------------|--|----------|----------|
| | Criminal Background Check | | |
| | Drug Screening | | |
| | Motor Vehicle Record Check if Applicable | | |
| | Medical Review Questionnaire | | |
| | Worker's Compensation Check | | |
| | Physical | | |
| | TB Testing or other appropriate screening | | |
| | Vaccination; Influenza if during flu season* | | |
| | Employment eligibility documents (I9) | | |

* Unless a valid exemption exists (see influenza vaccination policy)

***Store all medical records, vaccination records, drug screens, and other medically related documents in the employee's secured MEDICAL file, separate from the personnel record