

# HIGHLAND ASSISTED LIVING & MEMORY CARE EMPLOYMENT APPLICATION

**INSTRUCTIONS:** Complete all sections and sides of the application. Print clearly. Incomplete or illegible applications may not be processed. Answer accurately as misleading statements are grounds for termination if employed.

**NOTICE:** This application form is intended for use in evaluating your qualifications for employment and is not an employment contract. Highland Assisted Living & Memory Care is an equal opportunity employer. Background checks are conducted on those considered for employment. TB testing is an annual requirement for employment. Highland Assisted Living & Memory Care is an “at will employer.” Your photograph may be obtained post employment for use in advertisement of social activities performed within Highland.

**Highland is a smoke free locked down environment.**

Date: \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Current Address \_\_\_\_\_

No

Street

City

State

Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Make and Year of Owned Automobile \_\_\_\_\_

How did you hear about Highland Assisted Living Memory Care? \_\_\_\_\_

**AVAILABILITY:** (Choose all that apply and number according to preference)

Nursing

Day Shift Aide 6am-6pm including every other weekend \_\_\_\_\_

Night Shift Aide 6pm-6am including every other weekend \_\_\_\_\_

Dietary 7am-3pm including every other weekend \_\_\_\_\_

Dietary 4pm-7pm including every other weekend \_\_\_\_\_

Housekeeping 7am-3pm including every other weekend \_\_\_\_\_

Activities 10am-1pm including every other weekend \_\_\_\_\_

3:00pm-7:30pm including every other weekend \_\_\_\_\_

Lobby Aide 5:30pm-8:00pm including every other weekend \_\_\_\_\_

**EDUCATION:**

Grade	School	City, State	Subject	# of Years	Graduated? Yes or No

Residents may be bi-lingual. Do you speak, read, write in any languages other than English? If so, please list:

**SECURITY:**

As a condition of employment all employees must be "Bondable." List states and counties of residence for yourself in the last seven years \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you had any moving traffic violations? Please Describe: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you used any names or social security numbers other than those on this application? Please list \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you ever been convicted of a felony or misdemeanor? Describe below:

INCIDENT	CITY/STATE	CHARGE
1. _____		
2. _____		

**JOB RELATED SKILLS:**

Describe any training you have had that applies to service/care for the elderly:

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Describe any work history applicable to elderly service/care:

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You will be providing services to residents of Highland who may have been diagnosed with memory impairment. Due to this type of diagnosis, services range from assistance with activities of daily living to total care until expiration. Have you considered this type of exposure and if so, do you feel confident in your abilities to handle this type of care? \_\_\_\_\_

Are you able to bend, stoop, twist and lift while performing the duties of caring for the residents of Highland and the building and grounds? \_\_\_\_\_

**INTERESTS:**

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those that indicate your race, religious creed, color, disability, marital status, national origin, ancestry, sex or age.

**PRIOR EMPLOYMENT:** (List last two)

1. Name of Company \_\_\_\_\_ Still Employed? \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Hire \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_ Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name of Company \_\_\_\_\_ Still employed? \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Hire \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_ Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES:** (List three non-related references that can speak to your character and work ethics)

Name	City, State	Phone #	Relationship	# Years

I hereby authorize all past employers and listed references to release the information listed below to Highland Assisted Living & Memory Care, its employees, representatives, and agents for use in determining my qualifications for employment. Please return and verify the following information:

- Salary History
- Dates of employment
- Positions held
- Responsibilities and duties performed
- Reason for leaving
- Eligibility for rehire
- Performance

In addition to authorizing the release of the information above, I hereby fully waive any rights or claims I have or may have against Highland Assisted Living & Memory Care, all past employers and their employees, representatives and agents, from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party whether such information is favorable or unfavorable to me.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**TB TESTING**

**Prior** to employment (within 10 days), Employees of Highland must provide evidence of adequate health, such as results of examinations by a qualified health care professional and of tuberculosis screening which consists of an intra-dermal skin test, chest x-rays or other methods recommended by the local health authority. These are to be maintained in the employee's file. Tuberculosis screening will be provided annually thereafter to the employee. Employees with past documented positive tuberculosis skin test results or who have received treatment for tuberculosis, are exempt from the TB skin test but shall be screened annually for active symptoms of tuberculosis and the need for evaluation by a qualified health care professional to determine if symptoms of tuberculosis have developed.

I, \_\_\_\_\_(print), the undersigned, do agree to and authorize Highland to administer a TB skin test prior to my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Testing  
(complete after hire)

I certify that I have read and understand the applicant note on page one of this form. I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements shall be grounds for dismissal.

Signature \_\_\_\_\_ Dated \_\_\_\_\_