

# I.O.O.F. Home & Community Therapy Center



## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date available to start	Desired Salary		

Position Applied for		Professional License Number	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you at least 16 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you currently working?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the immigration reform and control act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.  
 Can you, if hired, submit verification of your legal right to work in the U.S.? YES  NO

Required by Federal and State Law, it is mandatory for all potential employees to have a background check and a dependent adult and child abuse check. We also do reference checks.

**Please answer all questions on page 3**

Are you available to work : Full Time  Part Time

Are you available to work:  
 6 a.m. - 2 p.m.  2 p.m. - 10 p.m.  10 p.m. - 6 a.m.

Most positions require every other weekend scheduling- Is this a problem for you? YES  NO

## EDUCATION

Did you graduate high school? YES <input type="checkbox"/> NO <input type="checkbox"/>	High School Name:	City:
College	Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Course of study:	

This application will be considered active for 90 days.

**REFERENCES***Please list three references excluding family members.*

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

**PREVIOUS EMPLOYMENT**

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO 

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO 

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**Healthcare providers are required to obtain the following information:**

*If yes, please describe the offense, the date and place of the conviction, and the underlying circumstances or other information to help us evaluate your current fitness for employment.*

1. Have you ever been convicted and/or been found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state?

YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted of cruelty to persons or assault of a victim 60 years of age or older?

YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of a misdemeanor or felony? YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been sanctioned by a health care licensing agency in this or any other state, or in any other United States territory or foreign jurisdiction? YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had a professional license subject to suspension or revocation? Have you ever voluntarily relinquished your professional license?

YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

6. Do you have knowledge, or have you ever been notified, of being placed on the Office of Inspector General (OIG) or the Excluded Parties List System (EPLS)?

YES  NO

Explain \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT UNDERSTANDING DISCLAIMER**

THIS INSTITUTION DOES NOT DISCRIMINATE IN HIRING ON THE BASIS OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, CITIZENSHIP, NATIONAL ORIGIN, ANCESTRY, VIETNAM ERA VETERAN STATUS, OR ON THE BASIS OF PHYSICAL OR MENTAL DISABILITY UNRELATED TO THE ABILITY TO PERFORM THE WORK REQUIRED. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that an offer of employment may be contingent on passing the pre-employment drug testing and physical examination which relates to the essential duties I would be required to perform.

I understand that the employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I understand, if employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

### **INVESTIGATION INFORMATION RELEASE AUTHORIZATION**

I understand that IOOF Home requires a thorough pre-employment background investigation. This investigation is limited to only information required to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, and a criminal background investigation.

By signing this document, **I agree to hold harmless** any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

I hereby certify that I have not been convicted and/or found guilty of resident or patient abuse, neglect or mistreatment, or of misappropriation of resident or patient property in this state or in any state, and that I am not listed in any resident or patient abuse registry in this state or in any state (unless disclosed on this application).

I understand that any offer of employment that is extended to me by the IOOF Home is conditional upon the verification of this information with the state abuse registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment.

I further understand that if I am applying for a licensed or certified position, any offer of employment by the IOOF Home is conditional upon verification of my license or certification with the appropriate state agency. In the event that I have not yet been so licensed or certified and in the event that I am offered employment with IOOF, I agree to undertake the required training and competency certification requirements immediately upon commencing employment.

I understand, if this application leads to employment, any false or misleading information in my application or interview may result in my job termination.

**I certify that my answers are true and complete to the best of my knowledge.**

#### **DISCLAIMER AND SIGNATURE**

<b>Signature of Applicant:</b>	<b>Date:</b>