

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 60 DAYS.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law. _____

PLEASE PRINT

Date of Application _____ Position(s) Applied For: _____

Referral Source: ___Advertisement ___Friend ___Relative ___Walk-In ___Employment Agency ___Other___

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number ____/____/____

Have you filed an application here before? ___Yes ___No If yes, give date: _____

Have you ever been employed here before? ___Yes ___No If yes, give date: _____

Are you employed now? ___Yes ___No May we contact your present employer? ___Yes ___No

Are you 18 years of age or older? ___Yes ___No

Are you prevented from lawfully becoming employed in this country? ___Yes ___No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in 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.

On what date would you be available for work? _____ Expected salary: _____

Are you available to work: ___Full-Time ___Part-Time ___Temporary

Are you on lay-off and subject to recall? ___Yes ___No

Have you been convicted of a misdemeanor or felony charge within the last 7 years, including any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole? ___Yes ___No (Pursuant to Missouri Revised Statutes §660.317, all applicants are required to disclose their criminal history. Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

If yes, please explain: _____

Are you listed on the Department of Social Services' employee disqualification list? ___Yes ___No (Pursuant to Missouri Revised Statutes §660.317, all applicants are required to disclose their status on the employee disqualification list.)

Veteran of the U.S. Military Service? ___Yes ___No If Yes, Branch: _____

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION:

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms, which indicate, for example, race, color, religion, sex, disability or national origin.

School Name	Elementary	High School	College/University	Graduate/Professional
Years completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities	Name: Location: Length of Course: Was Course Completed: Subject: General:			

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employer:	Dates Employed		Work Performed Honors received: _____ _____ _____ _____ _____ Special skills and qualifications,
Address: Telephone: ()	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed
Address: Telephone: ()	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address: Telephone: ()	From	To	
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application..

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability, which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the company deems appropriate.

Signature of applicant

Date

REQUEST FOR CRIMINAL RECORD CHECK

Reference No.
(Office use only)

Please print clearly or type

Name (Last, First, M.I.) _____

(maiden/alias) _____ Date of Birth _____

Social Security No. _____, Sex (circle one) male / female

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

PURPOSE

Employment Child Care Nursing Home Home Health Care Other Employment

Other (specify) _____

SEND REPLY TO: (must be completely filled out)

Facility: Independence Manor Care Center

Street Address: 1600 S. Kingshighway

City, State and Zip Code: Independence, MO 64055

Telephone Number (including area code): (816) 833-4777

I verify that the above named person has received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Signed

Print **Victoria Sjuts**

The criminal record check cannot be processed without this signature, a name, a date of birth, and a social security number. If any of these components are missing or are not legible, there may be a delay in processing.

Independence Manor Care Center

ADMINISTRATIVE
OFFICES

PHONE 816-833-4777

1600 SO. KINGSHIGHWAY

INDEPENDENCE, MISSOURI 64055

EMPLOYMENT INFORMATION RELEASE

I do hereby authorize the release of information to Independence Manor Care Center as a consideration for my employment with their facility.

Signed:

Dated:

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: _____ **SSN:** _____

I, _____ HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR MY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW WITH REGARD TO MY EMPLOYMENT TO INDEPENDENCE MANOR CARE CENTER.

This consent is valid for a period of six (6) months from the date indicated below.

Signature of Applicant: _____ **Date:** _____

Instructions to Current/Former Employer

The individual named above has applied for employment with _____. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Missouri Law, to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

PLEASE RETURN THE INFORMATION TO:

Name: Victoria Sjuts

Company: Independence Manor Care Center

Address: 1600 S. Kingshighway

Phone/Fax: (816) 833-4777/(816) 833-3032

Date and duration of Employment: _____

Current or last rate of pay and wage: _____

Current or last job description and duties: _____

The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent: _____

Attendance history: (excluding any qualifying leave under FMLA): _____

Results of drug and/or alcohol tests administered within the last year: _____

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: _____

Was his/her separation from employment voluntary or involuntary? _

What was the reason for the applicant's separation from employment?

Is the applicant eligible for rehire? _____

Printed Name and Signature of Representative providing information

Date

VERIFICATION FOR LEIE AND EPLS

PLEASE PRINT

Date _____

Full Legal Name _____

SS# _____

This person is not on the LEIE list _____

This person is not on the EPLS list _____

This person is on the LEIE list _____

This person is on the EPLS list _____

Person Verifying Information _____

Date _____

I understand and acknowledge that it is my responsibility to report if I have a debarment, exclusion, or suspension from participating in Medicare, Medicaid or any other Federally Funded programs.

This means if my name is place on the LEIE or the EPLS lists,
I must report it immediately to Independence Manor Care Center.

These lists are checked every three months.

If your name appears on either one of these lists,
you will be terminated immediately.

Signature of Employee: _____

Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA) Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA. 15 U.S.C. §§1681-1681u, The FCRA gives you specific rights, as outlined below. You may have additional rights under state law, You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported- In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violation. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court

The FCRA gives several different federal agencies authority to enforce the FCRA;

For questions or concerns regarding:

CRA's, creditors and others not listed below please contact

Federal Trade Commission
 Consumer Response Center FCRA
 Washington D.C. 20580 * 202-326-3761

National banks, federal branches/agencies of foreign banks please contact

Office of the Controller of the Currency
 Compliance Management, Mail Stop 6-6
 Washington D.C. 20219 * 800-613-6743

Federal Reserve System member banks please contact

Federal Reserve Board
 Division of Consumer and Community Affairs
 Washington D.C. 20551 * 202-452-3693

Savings associations and federally chartered savings banks please contact

Office of Thrift Supervision
 Consumer Programs
 Washington D.C. 20552 * 800-842-6929

Federal credit unions please contact

National Credit Union Association
 1773 Duke Street
 Alexandria, VA 22314 * 703-318-6360