

Application for Employment Safe Haven Health Care An Equal Opportunity Employer

Each question should be answered completely. No action will be taken on this application until all questions have been answered. Please write legibly. **DO NOT** substitute "See Resume" for information requested on the application form. **PLEASE PRINT**, except for the required signature. All information provided will be available only to persons who have a "need to know" or as required by law. The Company will make reasonable accommodation in the application and interview process for any disabled applicant who may need it. This application is valid **ONLY** for the position listed below.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Today's Date: _____ Telephone Number: _____

Name (Print) _____

Present Address _____

Last
First
Initial

No.
Street
City
State
Zip

Position applied for? _____ When are you available for employment? _____

Which type of employment are you seeking: Full-time _____ Part-time _____ Temporary or Summer _____

After reviewing the job description for the position to which you have applied are you able to perform the essential job functions with or without reasonable accommodation? Yes _____ No _____

Do have friends or family that work with or at Safe Haven? _____ Yes _____ No
 Have you ever been previously employed by the Company? _____ Yes _____ No

If yes, give dates employed and reason for leaving: _____

Are you under 18 years of age? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___
 (Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Positions Only: Do you have a valid driver's license? Yes ___ No ___ License Number and State Issued: _____

EDUCATION

Did you graduate from high school or receive a GED/HSE certificate (a copy of a high school diploma or GED/HSE certificate may be required at the time of interview. _____ Yes _____ No

(Circle last year completed)	1	2	3	4	SCHOOL NAME	MAJOR SUBJECTS
High School	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____
Other job-related education					_____	

If you are an experienced care giver or licensed nurse of any position-related business/, please list: Other job-related skills:

License (RN, LPN, C.N.A, CMA)	License or Certification Number	Expiration Date
_____	_____	_____
_____	_____	_____

SPECIAL SKILLS/LANGUAGES (Optional, unless required for the position that you are applying for). Please list any special skills you possess and/or equipment/office machines you are able to operate:

Criminal History

Have you ever been convicted, entered a plea of no contest or received a withheld judgment for any criminal offense (misdemeanor or felony)?

Yes ___ No ___ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: _____

Do you currently have a criminal matter pending? _____ Yes _____ No

Have you been convicted of any of the disqualifying crimes that are identified below? _____ Yes _____ No

What is a disqualifying offense?

A disqualifying offense is a specific offense which precludes an applicant from providing services or receiving a background check clearance. If an applicant is found to have a disqualifying offense listed below, they will be issued an unconditional denial and not allowed to provide services or receive licensure or certification.

Disqualifying Offenses – Permanent (effective 7/1/2014)

- Abuse, neglect, or exploitation of a vulnerable adult,
- Aggravated, first degree and second-degree arson,
- Child Abuse Registry listing Level 1 or 2
- Crimes against nature,
- Forcible sexual penetration by use of a foreign object,
- Incest,
- Injury to a child, felony or misdemeanor,
- Kidnapping,
- Lewd conduct with a minor,
- Mayhem,
- Voluntary Manslaughter, Involuntary Manslaughter, Felony Vehicular Manslaughter,
- Murder in any degree or assault with intent to commit murder,
- Poisoning,
- Possession of sexually exploitative material,
- Rape,
- Robbery,
- Felony stalking,
- Sale or barter of a child,
- Sexual abuse or exploitation of a child,
- Video voyeurism,
- Enticing of children,
- Inducing individuals under (18) years of age into prostitution or to patronize a prostitute,
- Any felony punishable by death or life imprisonment; or
- Attempt, conspiracy, or accessory after the fact, or aiding and abetting to commit any of the Disqualifying offenses.

Disqualifying Five Year Offenses (effective 7/1/2014)

- Any **felony** not listed in the permanent disqualifying crimes list;
- Misdemeanor Forgery of and fraudulent use of a financial transaction card,
- Misdemeanor Forgery and counterfeiting,
- Misdemeanor Identify theft,
- Misdemeanor Insurance fraud,
- Misdemeanor Public Assistance Fraud,
- Stalking in the second degree,
- Misdemeanor Vehicular Manslaughter
- Sexual Exploitation by a medical care provider, or Attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any of the disqualifying five (5) year crimes.

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

May we contact your current employer? **Yes** _____ **No** _____

2. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

3. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

4. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

Have any of your prior employers ever disciplined you including, but not limited to, a written warning, suspension, demotion, or termination of your employment? If so, please explain **each** incident by providing the date of occurrence, disciplinary action taken, facts surrounding the action (e.g., specific policy violation or performance issue), and the name of the employer. If you need additional space, please continue on a separate piece of paper. It is critical that the applicant be upfront in his or her response so that the Company can assess the significance of the prior action. Failure to provide full disclosure may result in disqualification from employment consideration, or if hired, termination.

Additional References:

Name: _____ Relationship: _____

Phone Number: _____ Best Time of Day to Call: _____

Comments: _____

Name: _____ Relationship: _____

Phone Number: _____ Best Time of Day to Call: _____

Comments: _____

This employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification and as applicable, information concerning my employment, education, general reputation, character and that such information may be developed through personal interviews with third parties. Only job related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and / or records.

I understand that this application is the property of SafeHaven Health Care and will become a part of my personnel file if I am hired. I also understand that I will be subject to the company's alcohol and drug testing requirements.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

- I have read the list of disqualifying crimes and I have not been convicted or received a withheld judgment or pled no contest for any of crimes listed.
- I have read the attached list of disqualifying crimes. I have been convicted, pled no contest, or have received a withheld judgment for one of disqualifying crimes and hereby withdraw my application.

Signature of Applicant

Date