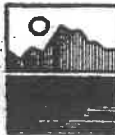


Application for Employment



MOUNTAIN SHADOWS HOME CARE

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application / /

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ AM PM
 Home Cellular/Other

May we contact you at work? _____ Yes No

If yes, work number and best time to call: _____ AM PM

If you are under 18 and it is required, can you furnish a work permit? _____ N/A Yes No

If no, please explain: _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? _____ Yes No

If yes, give dates: From / / To / /

Is this application a request for reemployment following an extended military leave of absence from this company? _____ Yes No

If yes, additional information may be requested.

Are you lawfully authorized to work in the United States? _____ Yes No

Date available for work / /

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time

Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? _____ Yes No

Will you travel if job requires it? _____ Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? _____ Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

State _____

Have you ever been bonded? _____ Yes No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? _____ Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____
What did you like most about your position?		
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Employer	Telephone #	Dates employed: Month / Year to Month / Year
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Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____
What did you like most about your position?		
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Employer	Telephone #	Dates employed: Month / Year to Month / Year
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Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$ _____
Why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain:

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing _____	Level: _____	<input type="checkbox"/> Internet _____	Level: _____
<input type="checkbox"/> Spreadsheet _____	Level: _____	<input type="checkbox"/> Other _____	Level: _____
<input type="checkbox"/> Presentation _____	Level: _____	<input type="checkbox"/> Other _____	Level: _____
<input type="checkbox"/> E-mail _____	Level: _____	<input type="checkbox"/> Other _____	Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date: ____/____/____

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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

ATTORNEY
APPROVED



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, Mountain Shadows Home Care Inc. needs to complete a background check on me regarding:

- | | |
|---|--|
| 1. Personal/Professional Reference; Verification; | 4. Motor Vehicle Records; |
| 2. Employment Verification; | 5. Fingerprinting; |
| 3. RN & LPN License Verification; | 6. Nation & Statewide Criminal screening |
| | 7. Citizenship |

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Mountain Shadows Home Care Inc. or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.
- I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Mountain Shadows Home Care Inc. is contingent upon successful completion of a background check.

Signature Date

First Name _____ Middle Name _____ Last Name _____

Former Name(s) and Date(s) used: _____

Current Address _____ Zip _____

Phone # _____ DOB: _____ Social Security Number: _____

Country you were born in _____ State you were born in _____

Current Driver's License: _____ State: _____

Race/Ethnicity: White ___ Black/African American ___ American Indian/Alaska Native ___ Asian ___
Hispanic/Latino ___ Native Hawaiian/Pacific Islander ___ Two or More Races ___

List any other cities, states and dates of residency during the last 7 years (Use back of sheet, if necessary.)

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



CONDITIONS OF EMPLOYMENT

All of the "Pre-Employment" checks and testing must be in compliance with State and Federal laws, program requirements and company policies. If your pre-employment requirements meet standards, you may then be eligible to receive an offer of employment. The normal wait time for the following processes is 48-72 hours.

Pre-employment Requirements
<ul style="list-style-type: none"> - Competency Exam You must pass the exam with 80% or better.
<ul style="list-style-type: none"> - Employment Reference Check The Agency will contact your former employers to verify your dates of employment and other pertinent employment information.
<p>In order to comply with the Immigration Law Act, every potential employee must provide proof of citizenship or legal right to work in this country. Anyone who is not a legal resident in this country does not qualify to work.</p>
<ul style="list-style-type: none"> - COR- Caregiver On-Line Registry The Corporate office will check the caregiver registry to assure you have no disqualifying reports.
<ul style="list-style-type: none"> - Nursing Licenses (If applicable) The nursing supervisor will check with the State Board of Nursing on-line for clearance.
<ul style="list-style-type: none"> - New Mexico Background Clearance The Corporate office performs the NM background clearance check.
<ul style="list-style-type: none"> - TB Clearance We will send you to our local TB testing facility. You must have it read within 48-72 hours of testing and have this clearance prior to an offer of employment.
<ul style="list-style-type: none"> - Motor Vehicle Record (MVR) The Agency will print off your MVR to assure there are no violations which may disqualify you from employment. If you are hired, the cost of the MVR printout will be deducted from your first paycheck.
<ul style="list-style-type: none"> - CPR & First Aide You must maintain a current CPR & First Aide Certificate. The class is provided for you by the Agency. You must complete the certification within the first 60 days of employment and maintain certified throughout your employment.
<p>In compliance with the Americans with Disabilities Act, each job description has physical requirements designated as a part of the job description. In accepting a position with MSHC the employee must indicate his/her ability to meet the physical demands of the job and complete a medical questionnaire.</p>
<ul style="list-style-type: none"> - Fingerprinting Prior to employment, applicants must submit to a nationwide and statewide criminal history screening in accordance with the CCHSP regulations 7.1.9.8 A: "The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants and caregivers. All applicants for employment to whom an offer of employment is made to caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening. C: Conditional Employment: Applicants and caregivers who have submitted all completed documents and paid all applicable fees for a nationwide and statewide criminal history screening, may be deemed to have conditional supervised employment pending receipt of written notice given by the department as to whether the applicant or caregiver has a disqualifying conviction." Process: You must provide a copy of your current Driver's License for the Nationwide clearance to the Agency, then go to the local fingerprinting company to get your fingerprints taken. Return the proof of completion of the fingerprint process to the Agency office. After proof of your fingerprinting is received it takes up to 48 hours to receive the report. If you receive clearance and are hired, the cost of the fingerprints will be deducted from your first 4 paychecks in equal payments.

Applicant Signature: _____ Date: _____