



Dear Future Team Member,

Thank you for applying for a position with our Community. We are seeking amazing employees who will partner with residents to guide and assist them to make the choices they want for their lives.

We believe that our community is and should be a place of vibrancy and life. A place that promotes meaning and joy in the lives of the elder residents, their families, and the care team members. Our mission statement sums it up well – we are “guided by goodness, loyalty, faith, and fun.” The residents inspire us, motivate us, guide and direct us.

Creating and maintaining a positive, caring culture is “job #1” at this community. We recognize that people make all the difference. Treating people well; with respect, trust, care and good humor can be quite contagious. We are committed to doing what is right, and proper, and good. Our values guide us.

We encourage our care team members to support each resident as a companion and partner. We love to see you eating a meal with our elders, showing an elder how to get on the internet, asking for words of wisdom, spontaneously singing a song or dancing, holding a hand, or listening to their stories. Yes! You also have tasks to do too, and that is very important as well. We are looking for people who have the desire to do both very well!

Are you guided by goodness, loyalty, faith, and fun? Please ask yourself, “Is this a place I want to work?”

If your answer is yes, I invite you to fill out the application attached, and answer the questions on the next page, and then give both the application and your responses to the questions to me or a member of my team.

Our golden rule is, “Do unto the care teams as you would have them do unto the elders.” We recognize that our care team members are the heart of what we do, and we are very careful in our selection process.

Thank you!

Warm Regards,

Tell us a little about you!

Your preferred name to be called

Today's date

When you read our values (*guided by goodness, loyalty, faith, and fun*), which of these do you relate to most?

What gives you joy in your work?

What type of co-worker is it hard for you to work with? What type of co-worker do you love working with?

What is a simple pleasure that is important to you? (*A cup of coffee in the morning, a walk in the park, reading poetry, yoga, your pet, etc.*)

Thank you for taking the time to tell us a little about you! We look forward to meeting you!



COMMUNITY LICENSE # TBD
COMMUNITY ADDRESS 705 Luther Rd. Red Bluff, CA 96080
COMMUNITY PHONE 530-529-2900

Employment Application

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		TELEPHONE ()
ADDRESS		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO, AGE:
SOCIAL SECURITY #	EMAIL ADDRESS	DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?
 YES NO IF YES, PLEASE LIST NAMES USED.

DO YOU POSSES A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DL #:	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF YES, PLEASE EXPLAIN	
HAVE YOU HAD A BACKGROUND CHECK CONDUCTED BY THE HEALTH AND WELFARE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATE COMPLETED	WERE YOU CLEARED? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN FOUND TO HAVE COMMITTED ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN	

DESIRED POSITION

DESIRED POSITION	DESIRED POSITION (2 ND CHOICE)	<input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> TEMP <input type="checkbox"/> ON-CALL OTHER:
HAVE YOU EVER WORKED FOR THIS COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	
HAVE YOU EVER APPLIED FOR A JOB AT THIS COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	
DO YOU HAVE RELATIVES THAT WORK FOR THIS COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE IDENTIFY	

WORK AUTHORIZATION

To comply with the Immigration Reform and Control Act, if you are hired, you will be required to provide documents to establish your identity and authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire or upon your first work day if your employment will be less than three (3) days.

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA?
 YES NO

EDUCATIONAL BACKGROUND

HIGH SCHOOL – HIGHEST YEAR COMPLETED

6 7 8 9 10 11 12

DIPLOMA

YES
 NO

CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE

YES NO
IF YES, EXPECTED COMPLETION DATE:

EDUCATION COURSES RELATED TO EMPLOYMENT

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE/TECHNICAL SCHOOL

NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA, DEGREE OR CERTIFICATE	DATE COMPLETED

REFERENCES

Please list three (3) persons who can give information about your background, character, abilities etc.

NAME	ADDRESS	PHONE	RELATIONSHIP TO YOU (FRIEND, EMPLOYER ETC.)

PROFESSIONAL & TECHNICAL QUALIFICATIONS

PLEASE LIST ANY PROFESSIONAL AFFILIATIONS OR ACCREDITATIONS THAT HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING. INCLUDE ALL LICENSES AND CERTIFICATIONS.

HAVE YOU EVER HAD YOUR PROFESSIONAL LICENSE OR CERTIFICATION SUSPENDED, REVOKED, OR RESTRICTED?

YES NO IF YES, PLEASE EXPLAIN:

DESCRIBE ANY SPECIAL SKILLS OR ABILITIES THAT DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

WORK HISTORY AND EXPERIENCE

Please list your most recent work experience first.

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
REASON FOR LEAVING		ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
REASON FOR LEAVING		ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
REASON FOR LEAVING		ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
REASON FOR LEAVING		ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO

MAY WE CONTACT YOUR CURRENT EMPLOYER LISTED ABOVE? YES NO

EQUAL OPPORTUNITY

It is our policy to provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap, or disabled Vietnam-era status.

VARIOUS AGENCIES OF THE US GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD-KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS.

Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

Completion of this sheet is voluntary and is NOT REQUIRED FOR EMPLOYMENT

NAME

DATE

POSITION(S) APPLIED FOR

RACE (Check all that apply)

GENDER

- CAUCASIAN/WHITE AFRICAN-AMERICAN/BLACK HISPANIC MALE FEMALE NON-BINARY
 ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE
 MIDDLE EASTERN OTHER OTHER

Regulations issued by the US Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant are submitted (a) on a voluntary basis (b) on a confidential basis (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so, and provide any information you wish to submit.

SPECIAL DISABLED VETERAN (A person who is entitled to disability veteran compensation under laws administered by the Veterans Administration for disability rated at 30% or more; or was discharged or released from active duty because of a service-connected disability.)

VIETNAM ERA VETERAN (A veteran who is honorably discharged and served 180 days of active duty between August 5, 1964 and May 7, 1975.)

OTHER ELIGIBLE VETERAN (A veteran who served on active duty during a war in a campaign or expedition for which a campaign badge has been authorized.)

NOT AN ELIGIBLE VETERAN

CERTIFICATION & ACKNOWLEDGEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information in this application is complete and accurate to the best of my knowledge and belief. I understand and agree that any omissions or false or inaccurate statements in my application or interview may be justification for refusal to hire or termination of employment.

I hereby authorize this community and/or its duly authorized agents to investigate all references, to contact all prior employers and to secure additional information about me concerning my qualifications for the position applied for. I hereby release from liability this community and its representatives for seeking such information.

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies, consumer reporting agencies, investigative companies, and any other persons, companies or governmental or other agencies to give this community any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage or injury that may result from furnishing information to this community I also release this community and all of its employees from all liability for any damage or injury that may result from reliance on the information furnished.

I understand and agree that nothing contained in this application or in the hiring process is intended to create an employment contract. If I am offered and accept employment, I agree to abide by this community's policies and procedures, and Employee Handbook. I understand and agree that my employment is 'at will' and therefore my employment can terminate, with or without cause, at any time at my option or the option of this community. This 'at will' employment relationship may not be modified by any oral or implied agreement.

I understand and agree that I must meet all the physical standards established by this community to perform the essential functions of any job for which I am offered employment. I understand that if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand and agree that this community may from time to time require that I submit to a drug and/or alcohol test as a condition of employment. This community reserves the right to conduct searches on this Community's property or of this Community's vehicles, and/or equipment at any time. I further understand that if I refuse to submit to a search I may be terminated.

I understand and agree that this application will remain active for 90 days. If I still want to be considered for a position with this community after this application expires, it is my responsibility to complete a new application.

APPLICANT SIGNATURE

DATE

CONDITIONAL EMPLOYMENT DRUG SCREENING CONSENT FORM

PLEASE READ CAREFULLY AND SIGN BELOW

This community requires a conditional employment test for substance abuse, for the purpose of determining fitness for employment. This community has adopted a zero-tolerance drug and alcohol policy applicable to all its workers and applicants.

Your offer of employment will be withdrawn unless you have agreed to and pass a conditional employment test for substance abuse.

I certify that I have read and understand the rules pertaining to Drugs and Alcohol, and I further agree and consent to taking any blood, "Breathalyzer," or urine test requested by the company as part of a conditional employment offer.

I hereby authorize the Community designated doctors(s) clinics to release the results of the physical examination, including any test results to this Community.

I understand that failure to consent to this is considered voluntary withdrawal of my application for employment and precludes further consideration for employment. The results of the physical examination will be treated confidentially.

I have been advised of my right to receive, and have been offered a copy of this signed authorization.

APPLICANT SIGNATURE

DATE

CONFIDENTIAL REFERENCE CHECK

The person named below has applied for employment with this community. He/she has authorized the collection of any information concerning past employment with your organization. This is a community of senior adults, and our employees must be of the highest quality to care for and respect the choices of our residents. It is important to us that we hire the right people for this job, and we appreciate your reply to the questions below. Thank you for your time and thoughtful response.

Community Representative completing form: _____

Applicant's Name: _____ Position: _____

I hereby release from all liability, the company named below, and authorize them to release all information regarding my past employment with them.

Date _____

Applicant's Signature _____

Previous Employer: _____	
Contact Person: _____	Title: _____
Address: _____	
Telephone: _____	Fax: _____

Please verify employment dates From _____ to _____	Please verify salary Salary: _____ per <input type="checkbox"/> hr <input type="checkbox"/> wk <input type="checkbox"/> mo <input type="checkbox"/> yr
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Applicants overall performance:				
<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor	
Please rate the following:				
Quality of work	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Professionalism	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Honesty	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Attendance	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Teamwork	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Attitude	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Dependability	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Compassion	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Reason for leaving: _____				
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No				

AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

I THE UNDERSIGNED, DO HEREBY AUTHORIZE this community to procure an investigative report on me.

The report may include, but is not limited to, information as to my character, general reputation, personal characteristics, and mode of living, discerned through employment and education verifications; personal references; personal interviews, if applicable; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to the state patrol, if such request is made within a reasonable time after the date hereof.

I authorize any person, business entity, or governmental agency who may have information relevant to the above to disclose the same to this community.

I hereby release this community and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims, and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this authorization and release form shall remain in effect for the duration of my employment.

I give this community permission to investigate any incidents of workplace misconduct of which I have been accused for which I am alleged to have been involved during employment.

I certify that the information contained on this Authorization and Release form is true and correct and that my application or employment may be terminated based on any false, omitted, or fraudulent information.

I would like a copy of my background report: **yes** **No**

Date	Social security number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver's License #:				
Name (first, middle, last)				
Current address				County
City	State	Zip		
Addresses for the last 5 years				
City	State	Zip code	County	Dates lived here (dd/mm/yy)

Signature: _____ Date _____