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Last Name

First Name

Position Desired

Date

# JHA Management Services, LLC Application for Employment



the cedars  
Your life. Your community.

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Last                      First                      Middle

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**Present Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Street                      City                      State, Zip Code

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**Permanent Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Street                      City                      State, Zip Code

If you cannot be reached at the above phone number, where may we contact you?  
**Phone** \_\_\_\_\_ **Name of Person** \_\_\_\_\_

**EMPLOYMENT DESIRED**

| type of work desired | shift | salary | How did you learn of this opening?  |
|----------------------|-------|--------|---|
| First Choice         |       |        | Will you accept employment of :<br><input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary<br>Date Available _____ If under 18 yrs of age, do you have a Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Second Choice        |       |        |   |

**EDUCATION/TRAINING**

| school                       | name and address of school | courses taken | did you graduate?   | diploma, degree, or certificate received |
|------------------------------|----------------------------|---------------|---|--|
| <b>High School</b>           |                            |               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date _____<br>/ / |  |
|                              |                            |               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date _____<br>/ / |  |
| <b>College</b>               |                            |               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date _____<br>/ / |  |
|                              |                            |               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date _____<br>/ / |  |
| <b>Lab or X-ray Training</b> |                            |               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date _____<br>/ / |  |
|                              |                            |               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date _____<br>/ / |  |

**Other Classes/Training** \_\_\_\_\_

**Extracirricular Activities while in School** \_\_\_\_\_

**Areas of Specialization or Major Interest** \_\_\_\_\_

**Professional Organization Membership, Honors Received, Volunteer or Community Service, or Other Qualifications you have which you feel are related to the position for which you are applying:** \_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

| Type | Organization or State Issued | Date Issued | Number |
|------|------------------------------|-------------|--------|
|      |                              |             |        |
|      |                              |             |        |
|      |                              |             |        |

**MILITARY RECORD**

| Military Branch | Entry Rank | Separation Rank | Separation Date(s) | Military Occupational Specialty |
|-----------------|------------|-----------------|--------------------|---------------------------------|
|                 |            |                 |                    |                                 |

**Specialized Training:** \_\_\_\_\_

**List Service Awards, Commendations:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

list current (or most recent) employer first and all others in reverse chronological order.

|  |  |                        |                      |
|--|--|------------------------|----------------------|
| <b>Company Name</b>  | <b>Dates Employed</b>                        |                        |                      |
|  | from   | month   year           | to month   year      |
| <b>Address (Street, City, State, Zip)</b>  | <b>Phone</b>                                 | <b>Starting Salary</b> | <b>Ending Salary</b> |
|  |  | \$                     | \$                   |
| <b>Position Title</b>  | <b>Immediate Supervisor's Name and Title</b> |                        |                      |
| <b>Job Description &amp; Responsibilities</b>  |  |                        |                      |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |                      |

|  |  |                        |                      |
|--|--|------------------------|----------------------|
| <b>Company Name</b>  | <b>Dates Employed</b>                        |                        |                      |
|  | from   | month   year           | to month   year      |
| <b>Address (Street, City, State, Zip)</b>  | <b>Phone</b>                                 | <b>Starting Salary</b> | <b>Ending Salary</b> |
|  |  | \$                     | \$                   |
| <b>Position Title</b>  | <b>Immediate Supervisor's Name and Title</b> |                        |                      |
| <b>Job Description &amp; Responsibilities</b>  |  |                        |                      |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |                      |

|  |  |                        |                      |
|--|--|------------------------|----------------------|
| <b>Company Name</b>  | <b>Dates Employed</b>                        |                        |                      |
|  | from   | month   year           | to month   year      |
| <b>Address (Street, City, State, Zip)</b>  | <b>Phone</b>                                 | <b>Starting Salary</b> | <b>Ending Salary</b> |
|  |  | \$                     | \$                   |
| <b>Position Title</b>  | <b>Immediate Supervisor's Name and Title</b> |                        |                      |
| <b>Job Description &amp; Responsibilities</b>  |  |                        |                      |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |                      |

|  |  |                        |                      |
|--|--|------------------------|----------------------|
| <b>Company Name</b>  | <b>Dates Employed</b>                        |                        |                      |
|  | from   | month   year           | to month   year      |
| <b>Address (Street, City, State, Zip)</b>  | <b>Phone</b>                                 | <b>Starting Salary</b> | <b>Ending Salary</b> |
|  |  | \$                     | \$                   |
| <b>Position Title</b>  | <b>Immediate Supervisor's Name and Title</b> |                        |                      |
| <b>Job Description &amp; Responsibilities</b>  |  |                        |                      |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |                      |

|  |  |                        |                      |
|--|--|------------------------|----------------------|
| <b>Company Name</b>  | <b>Dates Employed</b>                        |                        |                      |
|  | from   | month   year           | to month   year      |
| <b>Address (Street, City, State, Zip)</b>  | <b>Phone</b>                                 | <b>Starting Salary</b> | <b>Ending Salary</b> |
|  |  | \$                     | \$                   |
| <b>Position Title</b>  | <b>Immediate Supervisor's Name and Title</b> |                        |                      |
| <b>Job Description &amp; Responsibilities</b>  |  |                        |                      |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |                      |

**REFERENCES****please list three professional references who are not relatives**

| <b>name</b> | <b>title</b> | <b>company name</b> | <b>&amp;</b> | <b>telephone</b> |
|-------------|--------------|---------------------|--------------|------------------|
|-------------|--------------|---------------------|--------------|------------------|

| <b>address</b> |
|----------------|
|----------------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Use this space to give us further information which may assist us in placing you.

**AVAILABILITY INFORMATION**

Please indicate days and hours you are available for work (Please be specific.)

| <b>day</b>       | <b>from</b> | <b>to</b> |   |   |
|------------------|-------------|-----------|---|---|
| <b>Sunday</b>    | AM/PM       | AM/PM     | <b>Primary Position Desired</b> _____   |   |
| <b>Monday</b>    | AM/PM       | AM/PM     |   |   |
| <b>Tuesday</b>   | AM/PM       | AM/PM     |   |   |
| <b>Wednesday</b> | AM/PM       | AM/PM     | <b>Will you accept another position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>Thursday</b>  | AM/PM       | AM/PM     | <b>If so What?</b> _____  |   |
| <b>Friday</b>    | AM/PM       | AM/PM     | <b>Are you available to work:</b>   |   |
| <b>Saturday</b>  | AM/PM       | AM/PM     |   |   |
|                  |             |           |   | <b>Weekends</b> <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|                  |             |           |   | <b>Rotating Shifts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                  |             |           | <b>Holidays</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                          |   |
|                  |             |           | <b>On Call</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                           |   |

**Conviction of a criminal offense will not necessarily preclude your employment.****Have you ever been convicted of a crime?**    Yes     No    **If so, for what, when and where?** \_\_\_\_\_

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution. I further understand if my availability status changes, it is my responsibility to notify my supervisor, department head or the administrator. Such changes will be effective, then, for any future employment.

JHA Management Services, LLC (JHAM) does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or 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 JHAM 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 examination, and such future physical examinations as may be required by JHAM at such times and places as JHAM shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my 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.

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.

Applicant's Signature

Date

# JHA Management Services, Inc.

## ADDENDUM TO APPLICATION FOR EMPLOYMENT

*This page is included as part of the Application for Employment  
and meets the standards of Corporate Compliance*

Please answer the following questions:

1. Have you ever been, or are you now, excluded from participation in a Federal health care program?  Yes  No
  
2. Have you ever been convicted of an offense, excluding minor traffic violations, that would preclude employment? (offenses would include neglect, violence, theft/dishonesty, financial misconduct, or other offenses that may result in harm to a resident and/or fraud to a health care payor.)  Yes  No
  
3. Do you hold a professional license or certification (for example, RN, LPN, CNA/CMT, OT, PT, ST, etc.)?  Yes  No  
If yes, is it now or has it ever been suspended, revoked or had limitations placed on it?  Yes  No

I certify that the above information is correct and that in signing this page, I concur to all of the stipulations and agreements listed on the Application for Employment.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***The application will not be considered complete if the Conviction Report Form is not filled out.  
PLEASE TURN PAGE.***

## Conviction Disclosure Form:

At JHA Management, we have a great responsibility to our residents and the community that we serve. For this reason, all applicants and employees must disclose any criminal convictions they have received **regardless of how long ago it may have been\***. A record of conviction **does not** necessary preclude employment but failing to disclose one will.

**Failure to accurately complete the questions below will result in disqualification for employment regardless of how small the infraction, how long ago it may have occurred or how young you were.**

**The three most common reasons for not listing a past infraction are:**

- **“It was so long ago I thought it was expunged from my record.”**
- **“It happened when I was much younger and didn’t know any better.”**
- **“It was just a misdemeanor, nothing major.”**

**We will assume dishonesty if you omit a conviction and it shows up in a criminal background check and you will *not* be hired.**

Applicants as well as employees must also report any convictions that occur subsequent to the time they initially completed this form. Questions regarding this form should be directed to Human Resources.

*\* A conviction means the final judgment or a verdict or a finding of guilty, a plea of guilty, or a plea of no contest in any federal or state court in a criminal case regardless of whether an appeal is pending or could be taken.*

Name: \_\_\_\_\_ Other Names used: \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  yes  no

Have you ever been convicted of a felony?  yes  no

Have you ever been convicted of an assault, sex or drug related offense?  yes  no

Have you ever had a charge reversed, dropped, expunged, expired  yes  no

**If you answered YES to any of the above questions, please provide information below:**

Conviction or charge: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Court of conviction: \_\_\_\_\_

City, State: \_\_\_\_\_

**I hereby affirm that the information presented on this application is true, accurate and complete. I authorize JHA Management Services, LLC to conduct a criminal background investigation as well as to make reference checks as a condition of employment. I understand that misrepresentation or omission of pertinent facts may be cause for disqualification for employment.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date