



JHA Management Services, LLC
Application for Employment

LAST NAME FIRST NAME

POSITION DESIRED

DATE

PERSONAL INFORMATION

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	STREET	CITY	STATE, ZIP CODE	PHONE NUMBER
PERMANENT ADDRESS	STREET	CITY	STATE, ZIP CODE	PHONE NUMBER

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	How did you hear of this opening?
FIRST CHOICE		Will you accept employment of: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY DATE AVAILABLE ____ / ____ / ____
SECOND CHOICE		
		If under 18 yrs of age, do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION/TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSES TAKEN	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERTIFICATE RECEIVED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: ____ / ____ / ____	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: ____ / ____ / ____	
LAB OR X-RAY TRAINING			<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: ____ / ____ / ____	
Other Classes/Training				
Extracurricular 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.

COMPANY NAME	DATES EMPLOYED FROM ____ / ____ TO ____ / ____ (MONTH/YEAR)
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE
POSITION TITLE	IMMEDIATE SUPERVISOR'S NAME AND TITLE
JOB DESCRIPTION & RESPONSIBILITIES	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME	DATES EMPLOYED FROM ____ / ____ TO ____ / ____ (MONTH/YEAR)
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE
POSITION TITLE	IMMEDIATE SUPERVISOR'S NAME AND TITLE
JOB DESCRIPTION & RESPONSIBILITIES	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME	DATES EMPLOYED FROM ____ / ____ TO ____ / ____ (MONTH/YEAR)
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE
POSITION TITLE	IMMEDIATE SUPERVISOR'S NAME AND TITLE
JOB DESCRIPTION & RESPONSIBILITIES	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME	DATES EMPLOYED FROM ____ / ____ TO ____ / ____ (MONTH/YEAR)
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE
POSITION TITLE	IMMEDIATE SUPERVISOR'S NAME AND TITLE
JOB DESCRIPTION & RESPONSIBILITIES	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME	DATES EMPLOYED FROM ____ / ____ TO ____ / ____ (MONTH/YEAR)
ADDRESS (STREET, CITY, STATE, ZIP)	PHONE
POSITION TITLE	IMMEDIATE SUPERVISOR'S NAME AND TITLE
JOB DESCRIPTION & RESPONSIBILITIES	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES Please list three professional references who are not relatives

NAME	TITLE	COMPAY NAME	ADDRESS & PHONE NUMBER

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.)

DAY	FROM	TO	
SUNDAY	AM/PM	AM/PM	Primary Position Desired _____ Will you accept another position? <input type="checkbox"/> YES <input type="checkbox"/> NO If so what? _____
MONDAY	AM/PM	AM/PM	
TUESDAY	AM/PM	AM/PM	
WEDNESDAY	AM/PM	AM/PM	Are you available to work: Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO Rotating Shifts <input type="checkbox"/> YES <input type="checkbox"/> NO Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO On Call <input type="checkbox"/> YES <input type="checkbox"/> NO
THURSDAY	AM/PM	AM/PM	
FRIDAY	AM/PM	AM/PM	
SATURDAY	AM/PM	AM/PM	

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, LLC

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.)? If yes, is it now or has it ever been suspended, revoked or had limitations placed on it? YES NO
3. Do you have any **PENDING** Infractions or convictions currently in process? 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

DATE

APPLICANT'S SIGNATURE

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** necessarily 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 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'S SIGNATURE

DATE