



### APPLICATION FOR EMPLOYMENT

We appreciate your interest in employment opportunities at Ascension Living. It is our policy and practice to decide all matters relating to employment on qualifications and merit; therefore, a clear understanding of your background and work history will assist us in considering you for a position. Please answer all questions as best you can.

**Ascension Living is an Equal Opportunity Employer and does not discriminate based on race, religion, color, sex, age, national origin, sexual orientation, ethnicity, genetics, disability, marital status, veteran status or any other basis prohibited by federal, state, or local law in employment or the provision of services.**

PLEASE PRINT

<i>Please list position(s) for which you are applying:</i>			Date	
Last Name		First Name		Middle Name
Address		City	State	Zip
Telephone Numbers		Email Address		

Are you at least 18 years of age?  Yes  No

Have you ever been employed at an Ascension Living community before?  Yes  No

If yes, give the following information: Location: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you currently employed?  Yes  No

Date available for work: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  PRN (on-call/as needed)

Shifts you can work:  Any  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  8-hr  12-hr

Days available to work:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

Targeted hourly pay rate: \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

List all relatives who currently work for Ascension Living and their relationship to you:

\_\_\_\_\_

Will you require sponsorship for employment status (i.e. H1-B visa) now or in the future?  Yes  No

Have you ever been debarred or excluded, or have a controlling interest in an entity that has been excluded or suspended, from participation in a Medicare, Medicaid, or any other federal or state funded health care program?  Yes  No

\_\_\_\_\_

*(If yes to the above provide an explanation and status)*

Have you EVER: 1. Been Convicted; 2. Pled Guilty; 3. Pled Nolo Contedre or No Contest; 4. Had Adjudication Withheld; 5. Been Found Guilty of a Lesser Offense than Originally Charged as a Part of a Plea Bargain Arrangement; 6. Been Placed on Probation; 7. Been Punished in a Manner by a Court for a Crime, Other than a Minor Traffic Violation (DUI is not a minor traffic violation)? (If yes, please list explanations below)       Yes     No

**EDUCATIONAL HISTORY**

Name and Location	Circle Last Year Completed				Did you Graduate?	Diploma or Degree
	1	2	3	4		
High School						
College						
Other (postgraduate)						

**MILITARY EXPERIENCE**

Branch	Rank	Dates Enlisted	Type of Discharge

If discharge, other than honorable, please explain:

**CLINICAL/PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

Professional Training: \_\_\_\_\_

Are you a licensed/registered professional?     Yes     No

Type of license/registration: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_

Issue date (if known): \_\_\_\_\_

Expiration date: \_\_\_\_\_

Renewal number: \_\_\_\_\_

Type of license/registration: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_

Issue Date (if known): \_\_\_\_\_

Expiration date: \_\_\_\_\_

Renewal number: \_\_\_\_\_

Have you ever had your license/registration suspended or revoked?     Yes     No    *If yes, please explain:*

**REFERENCES**

<i>Provide a minimum of three references. Do not list relatives as a reference.</i>		<b>Contact Number(s)</b> <i>Please provide area code.</i>		<b>Email Address</b>	
<input type="checkbox"/> Personal	Name:	Home:	(    ) -		
	<input type="checkbox"/> Professional	Relationship:	Cell:		(    ) -
		Years Known:	Work:		(    ) -
<input type="checkbox"/> Personal	Name:	Home:	(    ) -		
	<input type="checkbox"/> Professional	Relationship:	Cell:		(    ) -
		Years Known:	Work:		(    ) -
<input type="checkbox"/> Personal	Name:	Home:	(    ) -		
	<input type="checkbox"/> Professional	Relationship:	Work:		(    ) -
		Years Known:	Cell:		(    ) -

Start with your most recent employment and include a complete employment history.  
**COMPLETE ALL SECTIONS, EVEN IF ATTACHING A RESUME.**

Employer			Telephone Number to Verify Employment
Address			
Supervisor's Name and Title		Your Position:	
		Current/Ending Rate of Pay: \$	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Duties and Responsibilities			
<b>Month and Year of Employment:</b>	From /	To /	Reason for Leaving

Employer			Telephone Number to Verify Employment
Address			
Supervisor's Name and Title		Your Position:	
		Ending Rate of Pay: \$	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Duties and Responsibilities			
<b>Month and Year of Employment:</b>	From /	To /	Reason for Leaving

Employer			Telephone Number to Verify Employment
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Supervisor's Name and Title		Your Position:	
		Ending Rate of Pay: \$	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Duties and Responsibilities			
<b>Month and Year of Employment:</b>	From /	To /	Reason for Leaving

Employer			Telephone Number to Verify Employment
Address			
Supervisor's Name and Title		Your Position:	
		Ending Rate of Pay: \$	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Duties and Responsibilities			
<b>Month and Year of Employment:</b>	From /	To /	Reason for Leaving

IF THIS IS NOT A COMPLETE LIST OR TO EXPLAIN GAPS IN EMPLOYMENT HISTORY, PLEASE ATTACH A SEPARATE LIST.  
 WAGES MAY BE DEPENDENT ON YEARS OF EXPERIENCE.

**PRE-EMPLOYMENT STATEMENT** (please read before signing)

I understand that the organization will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I authorize the organization to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the organization may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the organization will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.

**I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.**

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that I may be required to comply with federal and/or state Drug Free Workplace Laws and regulations. I understand and agree to comply with such laws.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers.

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

\_\_\_\_\_  
Date

**ASCENSION LIVING CORE VALUES**

**SERVICE OF THE POOR**

**REVERENCE**

**INTEGRITY**

**WISDOM**

**CREATIVITY**

**DEDICATION**