



APPLICATION FOR EMPLOYMENT

Good Neighbor Care is an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, nation origin, disability, martial status, veteran or military status. No information should be given that discloses the applicant as a member of any of the preceding protected classes. **This application shall be active for 30 days.**

Note to applicant: Each section and question must be fully and accurately answered for your application to be considered.

PERSONAL: (Please print or type)

Last Name	First	Middle
Street Address		
City	State	Zip
Home Phone:	Cell:	
Social Security #:		

List any other names used if different from the name on this application:
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, employment is subject to verification that you are of minimum legal age.
Position(s) applying for: _____ Date available for employment: _____
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call
Shift availability: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Desired salary / hourly wage: _____
Have you previously applied for employment with Good Neighbor Care?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where: _____ When: _____
Are you currently a member of a U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever pled guilty or no contest to, or been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give the date and details: _____
How were you referred to us? _____
Do you have any physical limitations that preclude you from performing any work for which you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what can be done to accommodate your limitations? _____



EMPLOYMENT: Starting with your present or most recent employer.

Company name:		Position / Title:	
Address (City/State/Zip code)			
Employment date: From: To:		Salary: Starting: Ending:	
Immediate Supervisor:		May we contact: <input type="checkbox"/> Yes If yes, phone #: <input type="checkbox"/> No	
Summary of work duties:			
Reason for leaving:			

Company name:		Position / Title:	
Address (City/State/Zip code)			
Employment date: From: To:		Salary: Starting: Ending:	
Immediate Supervisor:		May we contact: <input type="checkbox"/> Yes If yes, phone #: <input type="checkbox"/> No	
Summary of work duties:			
Reason for leaving:			

Company name:		Position / Title:	
Address (City/State/Zip code)			
Employment date: From: To:		Salary: Starting: Ending:	
Immediate Supervisor:		May we contact: <input type="checkbox"/> Yes If yes, phone #: <input type="checkbox"/> No	
Summary of work duties:			
Reason for leaving:			

ADDITIONAL EXPERIENCE, QUALIFICATIONS AND/OR LICENSURES



EDUCATION:

School	Name and Location of School	Course of Study	Years Completed	Degree or Diploma
High School				
Business Trade Technical				
College				
Other (Specify)				

PERSONAL REFERENCES: (Excluding relatives)

Name: First and Last	Relationship	Years Known	Telephone No.

Please read the next three pages carefully and remember to sign and date all forms where requested.



APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts in this application for employment and any attachments are true and complete to the best of my knowledge. I authorize investigation of all statements made in this application and attachments as may be necessary in arriving at an employment decision and understand that if I am employed, false statements, omissions or misrepresentations – regardless of when discovered – may result in my immediate dismissal. This includes information given during any interview(s).

I understand and acknowledge that any employment relationship with Good Neighbor Care is “at will,” which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause or notice. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Administrator. I understand that I am not guaranteed a specific shift, schedule or work assignment to work overtime.

I specifically understand and agree that as a condition of being an employee of the Company, I must keep all information regarding clients as well as all trade secrets, confidential and proprietary information of Good Neighbor Care in strict confidence unless compelled by law otherwise. I understand my obligations to uphold the Health Insurance Portability and Accountability Act (HIPAA) by keeping client information strictly confidential. Any employment and receipt of confidential information is expressly conditional upon my agreement to use that information only for the benefit of Good Neighbor Care and to refrain from using any consumer information, including client contact information, for competition of any kind.

I understand that if employed, I will be required to abide by all rules, regulations, policies and procedures of Good Neighbor Care.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

I am able to perform, with or without reasonable accommodation, the essential functions of the job for which I have applied.

I understand that as a condition of employment I agree to random and/or other testing. Upon an offer of employment, I consent to be tested for drug, inhalant and alcohol use under Good Neighbor Care's testing program, and to submit to a medical examination and/or urine, blood, saliva and/or breath testing for drugs, inhalants or alcohol at any time on request.

I state, by my signature below, that I have never had a confirmed finding of physical abuse/neglect or fraud by an investigative agency or by an employer in my history, and that this statement is a true and correct statement. I further state I am not the subject of any pending alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source, drug offense, misappropriation of property, theft or fraud. I agree to immediately notify Good Neighbor Care if I: (a) am found guilty of abusing, neglecting or mistreating consumers or of any charge of drug offense, misappropriation of property, theft or fraud; (b) had a finding entered into the state registry concerning abuse, neglect, mistreatment of consumers, or misappropriation of their property; (c) been convicted of any crime contained in §250.006, Health and Safety Code; or (d) become the subject of any investigation alleging physical abuse/neglect or fraud (including fraudulent billings), drug offenses, misappropriation of property, theft or fraud while my application is pending or during my period of employment, if hired.

Applications are accepted only while the position is open. It is the applicant's responsibility to notify Human Resources when they want to apply for a position.

Signature

Date



**AUTHORIZATION FOR BACKGROUND INVESTIGATION
&
CONSENT FOR RELEASE OF INFORMATION**

In connection with my employment and/or application for employment with Good Neighbor Care, I authorize Good Neighbor Care to perform a background investigation on me or to request one by a third party.

I understand that, when considering my application for employment, when making a decision whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment related decisions directly affecting me, Good Neighbor Care may wish to check my references and/or obtain and use an investigative background report including information as to my character, credit history, general reputation and personal characteristics from a consumer reporting agency. I understand that upon written request, Good Neighbor Care will provide additional information regarding the nature and scope of the investigation requested.

I understand that, if Good Neighbor Care obtains such a report about me, and considers any information in the report when making an employment related decision that directly and adversely affects me, I will be provided with a copy of the report before the decision is finalized. I may also contact the Federal Trade Commission about my rights under the Fair Credit Reporting Act with regard to investigative reports and investigative agencies (called “consumer reporting agencies” by the Act).

I authorize and request all persons, schools, public and private entities, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release such information about me without restriction or qualification. I voluntarily waive all recourse against, and release the requested parties from liability for complying with this Authorization & Consent. I understand that the request for Date of Birth is only for the purpose of identifying me for background verification. I authorize a photocopy or facsimile of this release to be considered as effective as the original.

By signing below, I hereby voluntarily authorize Good Neighbor Care to obtain investigative reports about me from an investigative reporting agency and to consider the reports when making decisions regarding my employment at Good Neighbor Care. I release Good Neighbor Care, its officers, employees and agents from any and all liability for the preparation of any reports concerning my background or me.

Signature

Date



(APPLICANT - PLEASE KEEP THIS PAGE FOR YOUR RECORDS)

NOTICE OF BACKGROUND SEARCH AND INVESTIGATION

You are advised that in connection with your application for employment, Good Neighbor Care and/or its agents may make an investigation of your background, references, character, past employment, consumer reports, education, and criminal history record information, which may be conducted through personal interviews or which may be obtained from any state or local files, including those maintained by both public and private organizations, and all public record, for the purpose of confirming the information contained on your application and/or obtaining other information which may be material to your qualifications for employment.

You are further advised that, if a credit report is obtained, you have a right under the *Fair Credit Reporting Act* to make a written request within a reasonable period of time for additional information regarding the nature and scope of a credit report investigation, as well as for a written summary of your rights under the *Act*. You are further advised that prior to taking any adverse action based in whole or in part on this credit report investigation, Good Neighbor Care will provide you a copy of any consumer report obtained and a summary of your rights under the *Act*.

You are further advised that Good Neighbor Care and/or its agents may transmit information obtained through this investigation to entities related by common ownership or affiliated by corporate control to Good Neighbor Care, if any.