

Willow Health Care, Inc.
P.O. Box 309 • Willow Springs, MO 65793
APPLICATION FOR EMPLOYMENT

P E R S O N A L	2016		Last Name	First	Middle	Date	
	Street Address			City, State, Zip		Home Telephone	
	Have you previously been employed by any divisions of Willow Health Care, Inc? Yes No If yes, please circle the appropriate division(s): • Brooke Haven Healthcare • Mountain View Healthcare • Park Place • Willow Care Nursing Home • Willow West • Westwood Group • Ozark Riverview Manor / Riverview Residential Place					Social Security Number:	
	Have you lived in Missouri for the past 5 consecutive years? Yes No If not, please explain: _____ <i>Note: Additional background information required for applicants that have not lived the past 5 consecutive years in Missouri.</i>					Position Desired:	
	Are you available for full-time work? Yes No If not, what hours can you work?					Hourly Pay Expected:	
	Are you authorized to work in the United States? Yes No					Will you work overtime if asked? Yes No	
						When will you be available to begin work?	
						I am over 18 years of age – Yes No	
	For Driving Jobs <u>ONLY</u> : Do you have a valid driver's license? Yes No						
	Driver's License Number: _____ Class of License: _____						
Have you had your driver's license suspended or revoked in the last 3 years? Yes No If yes, give details:							

E D U C A T I O N	School	Name and Location Of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
	High School				Yes No	
	Business/ Technical				Yes No	
	College				Yes No	
	Graduate				Yes No	

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EMPLOYMENT		Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
1	Company Name:	Telephone Number: ()
	Street Address: City, State, Zip:	Employed – (State month & year) From: / To: /
	Name of Supervisor:	Hourly Rate of pay Start: \$ Last: \$
	Job Title:	
	Description of Your Work:	Reason for Leaving:
2	Company Name:	Telephone Number: ()
	Street Address: City, State, Zip:	Employed – (State month & year) From: / To: /
	Name of Supervisor:	Hourly Rate of pay Start: \$ Last: \$
	Job Title:	
	Description of Your Work:	Reason for Leaving:
3	Company Name:	Telephone Number: ()
	Street Address: City, State, Zip:	Employed – (State month & year) From: / To: /
	Name of Supervisor:	Hourly Rate of pay Start: \$ Last: \$
	Job Title:	
	Description of Your Work:	Reason for Leaving:
4	Company Name:	Telephone Number: ()
	Street Address: City, State, Zip:	Employed – (State month & year) From: / To: /
	Name of Supervisor:	Hourly Rate of pay Start: \$ Last: \$
	Job Title:	
	Description of Your Work:	Reason for Leaving:

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<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p>DO NOT Contact: Employer(s): _____</p> <p>Reason(s): _____</p>
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MILITARY	<p>Did you serve in the US Armed Forces? Yes No</p>	<p>If yes, in what Branch?</p>
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Describe any military training received relevant to the position for which you are applying.

ADDITIONAL INFORMATION
Membership in professional & civic organizations, special accomplishments, awards, etc.

APPLICANT’S SIGNATURE

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I fully understand and accept all terms and conditions in the above statement.

<p>_____</p> <p>Date</p>	<p>_____</p> <p>Signature</p>
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Equal Employment Opportunity Commitment

Willow Health Care, Inc. is committed to providing equal employment opportunities to qualified employees and applicants for employment, based upon each person’s performance, qualifications, and abilities. WHCI does not discriminate in employment opportunities or practices on the basis of race color, sex, religion age, national origin, veteran status, pregnancy status, ancestry, marital status, sexual orientation, gender identity, genetic information, disability, citizenship status, and/or any other protected status. Equal opportunity extends to all aspects of the employment relationship, including hiring, transfers, promotions, training, terminations, working conditions, compensation, benefits, and any other terms and conditions of employment.

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Willow Health Care, Inc.
Background Check Consent

Missouri state law requires healthcare providers to undergo a criminal background check within two days of hiring. The law applies to any position where the employee would have contact with patients or residents in a convalescent home, nursing home, boarding home, providers of in-home services under contract with Missouri Department of Health and Senior Services, employers of temporary nurses, and nursing assistants placed in healthcare of medical treatment facilities.

Applicants must provide written authorization before submitting to a background check. In addition, applicants must disclose if they have ever been convicted of a felony or misdemeanor, have any suspended sentences or executions or sentence, have any periods of probation or parole, or are listed on the employee disqualification list (EDL).

Employers cannot employ individuals who have been convicted of, pled guilty or no contest to, or have been guilty or statutorily specified class A or B felonies in any state (sex offenses, offenses against a person), or are on the employee disqualification list (EDL). The undersigned has applied to provide services to this provider and will have contact with patients or residents.

I consent to this provider to conduct a criminal background check and open/closed records review, as well as requesting the Missouri governmental entities to inform the provider if my name appears of any of their disqualification or background check lists. I understand this information will not be further disclosed other than for the purpose of application and employment and that the provider may refuse to hire or engage me based on the results of its inquiries.

I further state that the following are true statements and if subsequently become untrue, I will immediately notify my employer.

- I am not listed on any employee disqualification list (EDL).
- I am registered with the Family Care Safety Registry (FCSR) or I will register within 15 days of employment with this provider. ****Anyone hired on or after January 1, 2001, as an elder-care worker is required to make application for registration in the Family Care Safety Registry within 15 days of the beginning of employment. Such persons who fails to submit a completed registration form to the Missouri Department of Health without good cause, as determined by the department, is guilty of a class B misdemeanor.**
- I have not been convicted of or plead guilty to (including any suspended imposition or execution of sentence or any period of probation or parole) any misdemeanor or felony except for what I listed on my employment application.

Initial one:

The above statements are accurate _____

The above statements are inaccurate: _____

If the above statements are not true please provide details of the inaccuracy:

Print Name: _____
LAST FIRST M. JR/SR

Maiden/Alias: _____
LAST FIRST M. JR/SR

Sex: Male Female DOB: ___/___/___ Social Security Number: _____ - _____ - _____

Signature: _____ Date: _____

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Willow Health Care, Inc.
Employee Consent to Drug and/or Alcohol Testing

I, _____ consent to submit to urine, saliva, breathe, blood, and/or hair testing for illegal drugs or alcohol as provided in Willow Health Care, Inc. drug/alcohol testing policies. **(Reference: Part 1, Section G, “Drug-Free Workplace” and Part 1, Section Z, “Drug/Alcohol Testing”)** I have been given a copy of these policies and I have reviewed their contents. I agree to abide by the policies and I understand and agree that complying with the policies is a pre-employment condition as well as a condition of my continued employment with Willow Health Care, Inc. If I do not consent to submit to urine, saliva, breath, blood and/or hair testing within a reasonable timeframe, I understand that I will not be considered for employment for a minimum of six months or will be subject to termination of employment.

I also understand that if I test positive to any of the testing methods, it may result in termination of my employment with Willow Health Care, Inc. Furthermore, I authorize the release of the test results to my employer, and/or, on post-accident tests, the company’s workers’ compensation insurance carrier and understand the refusal to release these results is grounds for termination. I understand that if I test positive for drugs or alcohol following an on-the-job accident, I may be ineligible for workers’ compensation benefits or have benefits reduced by 15% as allowed by Missouri law. I also understand that a positive drug test may influence my eligibility for unemployment benefits.

I understand that Willow Health Care, Inc. is obligated to report positive drug/alcohol testing and termination of employment of licensed employees to the Missouri State Board of Nursing, as outlined in 4 CSR 20-4.

I voluntarily consent to testing for the detection of the following illegal drugs and alcohol: Alcohol; Amphetamines (Methamphetamine); Barbiturate; Benzodiazepines; Cannabinoid (Marijuana); Cocaine; Opiates; and Phencyclidine. If I have a lawful and valid prescription for one of those prior named substances or a drug containing one of those substances, I also understand I may produce a copy of that prescription, which will be considered pursuant to Part 1, Section F, “drug-Free Workplace.”

I agree that a photocopy of this consent form has the same effect as the original and may be used in place of the original consent form.

Signature

Date

Witness

Date

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DRUG/ALCOHOL TESTING

All employees are subject to pre-employment or post-employment drug test as well as periodic, random selection for drug testing and post accident drug testing. A confirmed positive test result (prior to employment) will exclude the applicant from employment with the company for a minimum period of six months, after which time the applicant can reapply for consideration. Any employee's or applicant's refusal to submit to a test or a test result that indicates that the sample provided has been diluted, adulterated, is not the product of the employee, or has been tampered with will result in the individual not being considered for employment &/or disciplinary action up to termination. Random drug testing of employees will occur on a periodic basis reasonably spread throughout the year. Refusal or failure to submit to a timely drug/alcohol test is sufficient cause for termination of employment. WHCI will incur the cost of the drug- screening.

For Cause

Any employee whose behavior is consistent with substance abuse can be required by their immediate supervisor to submit to a drug/alcohol screen. Collected specimens will be analyzed by a certified laboratory. One positive reading will automatically terminate the employment of the employee, unless the employee has a legal prescription for the drug they tested positive for. Behavior indicating substance abuse may include:

- Observed impairment of job performance
- Abnormal conduct or erratic behavior
- A number of minor workplace accidents
- Evidence of drug tampering in the employee's workplace
- Arrest or conviction on an alcohol or drug related offense

Post Accident

An incident occurring while on WHCI business that results in injury (requiring medical treatment) to an employee or others and/or damage to WHCI property will be subject to drug/alcohol testing.

DOT Requirements

Employees that fall under drug-testing rules by the Department of Transportation will be subject to random drug/alcohol testing. Testing is also required following an accident and when there is reasonable suspicion of drug/alcohol use.