



APPLICATION FOR EMPLOYMENT

All information will be treated confidentially. Your application will remain under active consideration for thirty (30) days from the date it is filed. It will then become inactive unless you notify this facility that you want to remain under consideration.

The use of this application form does not indicate that there are any positions open and does not in any way obligate you or this facility.

JOB INTEREST

Position Applied For: _____

- FULL TIME
 PART TIME
 TEMPORARY / SEASONAL
 PRN (as needed)

Date Available For Work _____

Which Hours Are You Available To Work?

From: _____ To: _____

Mission Healthcare LLC dba Bethel Care Center is an affirmative action / equal opportunity employer and hires qualified individuals without regard to race, color, creed, marital status, public assistance status, sex, age, national origin, religion, disability, ancestry, veteran / military status or any other protected classes.

If you need assistance to complete this application or during the interview process such as sign language interpreters, readers or other accommodations, please contact the Human Resources office at this facility.
Human Resource Office Phone Number: 651-265-5735

NAME: _____

POSITION: _____

APPLICATION FOR EMPLOYMENT

Please print legibly or type.

PERSONAL:

Print Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone No: (____) _____

Are you at least 16 years of age? YES NO E-mail Address: _____

PLEASE FILL OUT COMPLETELY. USING THE PHRASE "**SEE RESUME**" IS NOT ACCEPTABLE.

EDUCATION:

| NAME(S) OF EDUCATIONAL INSTITUTIONS | LOCATION | CURRICULUM / MAJOR | HIGHEST GRADE OR DEGREE COMPLETED |
|-------------------------------------|----------|--------------------|-----------------------------------|
| HIGH SCHOOL | | | |
| COLLEGE OR UNIVERSITY | | | |
| TRADE OR VOCATIONAL | | | |
| BUSINESS OR OTHER | | | |

SPECIALIZED TRAINING:

List all licenses, areas of certification or any other special training: _____

Have you ever been convicted of a misdemeanor? YES NO If yes, date of conviction: _____

Have you ever been convicted of a felony? YES NO If yes, date of conviction: _____

(A record of a conviction of a misdemeanor or felony may not disqualify you from consideration for employment.)

Have you ever been convicted in a court of law of a crime involving abuse, neglect, or mistreatment of an individual? YES NO [This question is made pursuant to the provisions of CFR 483.13(c) (I) (ii)]

Are you excluded from participating in Federal or State Health Care Programs [as defined by 42 U.S.C. 1320a-7] as a vendor, provider, or employee or contractor of a participating provider, or does any basis for exclusion currently exist? YES NO

PLEASE FILL OUT COMPLETELY. USING THE PHRASE "**SEE RESUME**" IS NOT ACCEPTABLE.

PAST EMPLOYMENT:

Please indicate a continued record of employment, beginning with your **most recent** position. Include what you have done for the last five (5) years, or from the time you left school. If you need additional space, please attach another sheet.

| Employer's Name | From Mo/Yr | To Mo/Yr | Address and Phone Number | Job Title and/or Duties | Reason for Leaving |
|-----------------|--------------|----------|--------------------------|-------------------------|--------------------|
| #1 | | | | | |
| Supervisor: | Rate of Pay: | | | | |
| #2 | | | | | |
| Supervisor: | Rate of Pay: | | | | |
| #3 | | | | | |
| Supervisor: | Rate of Pay: | | | | |
| #4 | | | | | |
| Supervisor: | Rate of Pay: | | | | |
| #5 | | | | | |
| Supervisor: | Rate of Pay: | | | | |

Have you previously worked for Bethel Care Center? YES NO
 (or any other Mission Healthcare facility; Red Wing Health Center, St. Lucas, or Evergreen Terrace)
 If yes, please indicate the location and time period you worked:

If you are currently employed, may we contact your present employer? YES NO

REFERENCES:

Please list the names of three persons not related to you and whom you have known at least one year.

- | | NAME | ADDRESS | PHONE |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

PLEASE READ THIS SECTION BEFORE SIGNING!

FALSIFICATION OF RECORDS

This application was completed by me and I certify that the information in this application is correct to the best of my knowledge. I understand that falsification of this application or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment.

EMPLOYMENT AT WILL

I will follow the rules and regulations of Mission Healthcare LLC dba Bethel Care Center as communicated to me. I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and Mission Healthcare or this facility; and unless otherwise provided in writing, such relationship shall be defined as "employment at will," where either party may dissolve the relationship. I further understand that no employee or supervisor has the authority to enter into any agreement or contract of employment for any specific terms of employment such as length of service, future salary increases or agreement contrary to this application.

CONDITIONAL OFFER OF EMPLOYMENT

If I receive a conditional offer of employment, I understand that I will be the subject of drug screening, criminal background study and/or physical screening and evaluation, and I hereby consent to such screening and record checks.

PROOF OF RIGHT TO WORK

If I am offered a position with Mission Healthcare LLC dba Bethel Care Center, I understand that as a condition of employment I will be required to prove identity and right to work as required by the Immigration Reform and Control Act of 1986.

PARTICIPATION IN GOVERNMENT PROGRAMS

I agree to inform my supervisor or administrator if I become subject to exclusion from any Federal or State Health Care Program [as defined by 42 U.S.C. 1320a-7] as a vendor, provider or employee or contractor of a participating provider or if I become aware that I may be subject to such exclusion.

RELEASE OF INFORMATION

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize Mission Healthcare LLC dba Bethel Care Center to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of Mission Healthcare LLC dba Bethel Care Center involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to Mission Healthcare LLC dba Bethel Care Center.

FAIR TREATMENT PROGRAM

As a term and condition of my employment, and unless covered by an individual employment contract or a collective bargaining agreement with different dispute resolution provisions, I agree to waive my right to a jury trial in any action or proceeding related to my employment with Mission Healthcare LLC dba Bethel Care Center. I am doing so voluntarily and knowingly. I understand that I have the right to consult with counsel before signing this document. I agree that all claims and disputes relating to my employment with Mission Healthcare LLC dba Bethel Care Center shall be decided by a mediator or arbitrator selected in accordance with the rules and procedures established by the National Arbitration Forum.

Applicant Signature

Date



on historic cathedral hill AFFIRMATIVE ACTION SURVEY FOR APPLICANTS

Mission Healthcare LLC dba Bethel Care Center is a government contractor and is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations and affirmative action responsibilities. Mission Healthcare does not discriminate on the basis of race; color; religion; creed; sex; marital status; national origin; ancestry; age; disability; veteran status, status with regard to public assistance or any other protected status.

In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide it will in no way affect your status as an applicant nor subject applicants or employees to any adverse treatment. This survey and information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government. When reported, the data will not identify any specific individual.

PLEASE PRINT

| | |
|--|--|
| Date Applied | |
| Job Applied For | |
| Last Name | |
| First Name | |
| Middle Name | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity | |
| <input type="checkbox"/> HI | Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race |
| <input type="checkbox"/> WH | White (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East or North Africa |
| <input type="checkbox"/> B | Black or African American (Not Hispanic or Latino) – a person having origins in any of the Black racial groups of Africa |
| <input type="checkbox"/> NH | Native Hawaiian or other Pacific Islander (Not Hispanic or Latino) – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands |
| <input type="checkbox"/> AS | Asian (Not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam |
| <input type="checkbox"/> AN | American Indian or Alaska Native (Not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment |
| <input type="checkbox"/> TR | Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races |
| Veteran – Check If Any Of The Following Apply To You | |
| Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. | |
| Are you a Vietnam-Era Veteran? (3) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <ul style="list-style-type: none"> Served more than 180 days in active military, naval or air service any part of which was from August 5, 1964, through May 7, 1975, <u>and</u> discharge or release from active duty was because of a service connected disability or for other than dishonorable discharge, or if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 8, 1975. | |

| | |
|---|---|
| Applicant Source | |
| <input type="checkbox"/> A Walk-Ins | <input type="checkbox"/> K Career Center / One Stop |
| <input type="checkbox"/> B Unsolicited Resume Sent | <input type="checkbox"/> L Miscellaneous |
| <input type="checkbox"/> C Employee Referral | <input type="checkbox"/> M Web Site |
| <input type="checkbox"/> D Employment Agency | |
| <input type="checkbox"/> E Employment Agency – Minority | <input type="checkbox"/> N. Internet – Other |
| <input type="checkbox"/> F Business Referral | <input type="checkbox"/> O Virtual Caregiver Presentation |
| <input type="checkbox"/> G College Recruitment | <input type="checkbox"/> P "It's Happening in HealthCare" Video |
| <input type="checkbox"/> H H.S. / Tech School | |
| <input type="checkbox"/> I Advertisement – Paper | |
| <input type="checkbox"/> J Advertisement – Radio | |

If employee referred you, who referred you?

Office Use Only (Optional):

- Has this been added to the AppTrack?
- Interviewed? Date _____
- Hired? Date _____