



Trades of Business	Name and location of school attended	Number of years completed	Did you graduate?	Subjects studied

EMPLPYMENT APPLICATION

Date Month and Year	Name and address of employer	Salary	Position held	Reason for leaving
From				
To				
From				
To				
From				
To				

References: Give the names of three persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Years acquainted

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Speak only



Conditions of Employment- please read carefully

INITIAL

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds of disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, Golden Years Companion Care reserves the right to terminate my employment at anytime, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ I give *Golden Years Companion Care* the right to investigate all police, driving and personal records and references, if job related. I hereby release from liability information and all other persons, corporations or organizations from furnishing such information.

_____ *Golden Years Companion Care* is and Equal Opportunity Employer. *Golden Years Companion Care* does not discriminate in employment and no question on the application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company. Panel of mediators will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act 9 U.S.C Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ The application is current for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

Date

AGENCY MANGEMENT NOTES:



BACKGROUND CHECK CONSENT FORM

NAME: _____ DATE: _____

I, _____, have had no prior convictions of an offense which would bar or permanently bar employment as listed below.

The Health Care Worker lists individuals with a background check conducted pursuant to the Health Care Worker Background Check Act applies to all unlicensed individuals employed or retained by the health care employer, home health care aides, nurse's aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care.

I UNDERSTAND THAT GOLDEN YEARS COMPANION CARE IS REQUIRED TO CONDUCT A BACKGROUND CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

Signature of employee

Signature of Supervisor



Employee Name: _____
Print Name

DRUG TESTING POLICY

Golden Years Companion Care employees may not possess, distribute and or use alcoholic beverages or controlled substances including inhalants while on the premises of property controlled by the Agency or while in the course of conduction company business or engaged in any company sponsored activity.

Patients or visitors may not possess, distribute and or use alcoholic beverages or controlled substances while on the premises of the property controlled by the Agency.

Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately.

Based on the reasonable cause, the agency may conduct searches or inspections of an employee's personal belongings and may be asked to take a drug test. Refusal to consent may result in termination.

I HAVE READ AND UNDERSTAND THE ABOVE AND WILL COMPLY WITH THIS AGREEMENT.

Employee Signature

Date