

# Oak Leaf Management, LLC

## Application for Employment

Applicants receive consideration for employment without regard to race, nation of origin, creed, sex, marital status, age, or disability. We encourage the employment of veterans of our US Armed Forces.

Job applications will be considered active for a period of two (2) months. If you wish to be considered for employment after two (2) months, you must reapply. Please read and complete all sections carefully before signing. False statements on this application form shall be considered sufficient cause for rejection during the hiring process or termination.

### General Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Number of years at present address: \_\_\_\_\_ Number of years at previous address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of a felony or an offense involving drugs/narcotics, theft or inflicting bodily injury?  
\_\_\_\_\_Yes \_\_\_\_\_No If Yes, fully explain: \_\_\_\_\_

Have you ever been excluded from participating in federally funded programs? \_\_\_\_\_Yes \_\_\_\_\_No

Are you currently the focus of an investigation, which could result in exclusion from federally funded program?  
\_\_\_\_\_Yes \_\_\_\_\_No If Yes to either of the above questions, fully explain: \_\_\_\_\_

If your former employment, education, or military service is under a name other than the above, please indicate:

\_\_\_\_\_   
Last First Middle

If under 18, do you have a work permit? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have legal right to work in the U.S.? \_\_\_\_\_Yes \_\_\_\_\_No If not a U.S. citizen, Alien Reg. #: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_Yes \_\_\_\_\_No If Yes, where: \_\_\_\_\_

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Were you referred to us?  Yes  No If yes, by who? \_\_\_\_\_

List any friends or relative working here: \_\_\_\_\_

Have you worked for this facility before?  Yes  No If Yes, when? \_\_\_\_\_

Do you have commitments to another employer, which might affect your employment with us?  Yes  No  
 If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

## Work Desired

Scheduling: Oak Leaf Management, LLC must be adequately staffed 7 days a week, 24 hours a day to maintain quality resident care. Work schedules can vary and require flexibility. Please carefully consider all of your personal time commitments when responding to the below.

Position Desired: (check all that apply)  
 Certified Nursing Assistant  Housekeeper  Cook  Dietary Food Service Director

Shift Preference: (check all that apply)  
 1st (6am-2pm)  2<sup>nd</sup> (2pm-10pm)  3<sup>rd</sup> (10pm-6am) Can you rotate shifts?  Yes  No

Expected Pay rate: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

Full-time  Part-time (  # of hours per week) Temp: from \_\_\_\_\_ to \_\_\_\_\_

## Work History

List your present or most recent employer first. Include military service if among last four jobs. Give dates of unemployment if applicable. You may list volunteer experience if you do not have paid work experience with four employers. Write "V" in salary column if it was volunteer work.

<b>1</b>	Employer		Phone
	Date employed	Job Title	Supervisor's name/Job title
	Final salary	Reason for leaving	
	Unemployed from	Reason	
<b>2</b>	Employer	Address	Phone
	Dates employed	Job title	Supervisor's name/ Job title
	Final salary	Reason for leaving	
	Unemployed from	Reason	

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3	Employer	Address	Phone
Dates employed		Job title	Supervisor's Name/Job title
Final Salary		Reason for leaving	
Unemployed from		Reason	
4	Employer	Address	Phone
Dates Employed		Job Title	Supervisor's Name/Job title
Final Salary		Reason for leaving	
Unemployed from		Reason	

## Education

	Name and Address of School	Course of Study	Circle # years completed	Did you graduate?	List diploma or name of degree
High School			1   2   3   4		
College			1   2   3   4		
Other (Specify)			1   2   3   4		

## Licensure

Complete the following section if the position for which you are applying requires a license, certification, or registration of any kind.

Type of License/Registration	State	Number	Expiration Date

If you do not have required license, have you applied? \_\_\_\_ Yes \_\_\_\_ No

If exam is required, give scheduled date: \_\_\_\_\_

If not licensed in this state, have you applied for reciprocity? \_\_\_\_ Yes \_\_\_\_ No

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Please list any addition information you feel would be useful i.e., honors received, volunteer or community services, special qualifications, memberships in professional organizations or other information you feel is related to your application for the position you are applying.

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### **Please Read Carefully**

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, termination.

Except as noted otherwise above, I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, character and general reputation, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request such information.

I understand that it is important that I am at work when scheduled; and therefore, I am responsible to make the necessary transportation arrangement to ensure that I am at work on time and as scheduled.

In the interest of safety and health of our residents and employees, employment is subject to a successful health screening and/or physical if required by law or dictated by the physical demands of the specific job.

I understand that no representative of Oak Leaf Management, LLC has any authority to enter into any agreement for employment for any specified period time. Also, I understand that if hired I will have entered into my employment with Oak Leaf Management, LLC voluntarily and that I will be free to resign at any time for reason or no reason. Similarly, Oak Leaf Management, LLC may terminate the employment relationship at any time for any reason or for no reason.

I agree to conform to Oak Leaf Management, LLC's Drug-Free Workplace policy and agree to submit to drug test as required by the employer.

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Applicant Signature

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Date