



215 South Maple • Watertown, South Dakota 57201-4316 • (605) 886-5777 • Fax: (605) 886-0790

APPLICATION FOR EMPLOYMENT

Jenkins Living Center, Inc. maintains a policy of non-discrimination for all employees and applicants in every area of our operation. In compliance with federal and state laws, Jenkins Living Center hires, trains and promotes qualified applicants and employees without unlawful discrimination on the basis of race, ethnicity, color, gender, age, religion, creed, marital status, national origin, veteran's status, disability or other protected status.

Position Applying for: _____ **Today's Date:** _____

(Please Print)

Name <hr/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle </div>	Referred by: <hr/> (Name or agency)
Address <hr/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street City State Zip </div>	Home Phone Number <hr/>
Other Last Names used or known as: _____ <small>PLEASE NOTE: Answer each question fully and accurately. No action can be taken on this application until all questions are answered. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences. In order for this application to be reviewed the Candidate Release Authorization and Candidate Notice and Disclosure must be completed and returned with this application.</small>	Cell Phone Number <hr/> Other Contact Number <hr/>

Have you ever filed an application with us before? Yes No If yes, give Date _____

Have you ever been employed with us before? Yes No If yes, give Date _____

Are you currently employed? Yes No

Are you looking for **short term** employment? Yes No If Yes, how long can you work? _____

Are you over 18 years of age? Yes No

Are you at least 16 years of age? (required by State of SD for Direct Care Positions) Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof of legal ability to work in the United States will be required on first day of employment if hired)

Are you available to work: (check all that apply) Full-Time Part-Time On-Call

Are you available to work: (check all that apply)
 Days Afternoons Nights Split Shifts Weekends Any hours or shift

(Your preference will be given careful consideration, however you may be asked to work other shift(s) based on Jenkins Living Center's commitment to caring for the needs of its residents)

On what date would you be available for work? Date _____

EDUCATION

	DID YOU GRADUATE? (IF NOT, INDICATE GRADE COMPLETED)	NAME OF SCHOOL/LOCATION	MAJOR SUBJECTS
High School			
College			
School of Nursing			
Special Schooling or Training			

(Amount of education considered necessary will vary according to the position applied for.)

EMPLOYMENT HISTORY

List all previous employers for whom you have worked during the last five years. Explain any lapses in employment.

NAME AND ADDRESS OF EMPLOYERS (START WITH THE MOST RECENT)		MONTH & YEAR	SALARY	JOB TITLE DUTIES	SUPERVISOR NAME	REASON FOR LEAVING
Name:		From	Starting			
Address						
		To	Final			
Phone	() Area Code					
Name:		From	Starting			
Address						
		To	Final			
Phone	() Area Code					
Name:		From	Starting			
Address						
		To	Final			
Phone	() Area Code					
Name:		From	Starting			
Address						
		To	Final			
Phone	() Area Code					

Attach additional pages if needed.

Comments regarding employment lapses, if applicable _____

Special skills you possess: _____

Office machines and/or Nursing Home equipment you can operate _____

Long-range occupational goals: _____

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE	DATE ISSUED	NUMBER

CRIMINAL RECORD

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If yes, state where, when and nature of offense: _____

(A conviction will not necessarily disqualify you from employment. The State of SD has certain requirements for the employment)

MILITARY SERVICE RECORD

The hiring and re-employment of veterans will be conducted in accordance with the applicable state and federal laws and regulations

Branch of Service _____ From: _____ To: _____

Rank/Type of Service: _____ List duties in the military or special training that prepared you for the position you are seeking: _____

PERSONAL/WORK RELATED REFERENCES: (do not include relatives or significant others)

Name	How Known	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Applicant's Certification and Agreement

I certify that all information I have supplied in this application and in any other form, oral or written, is true, complete, and accurate. I understand that any misrepresentation, omissions of facts, or incomplete answers in any application document, or any other form, oral or written, will disqualify me from further consideration of employment. I further understand that, if employed, any omissions or misrepresentations of facts in any applicant form, oral or written; will be cause for my dismissal at any time, without prior notice.

I understand, if employed, my employment with Jenkins Living Center, Inc. is not for a specific term and may be terminated by me or Jenkins Living Center, Inc. with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice, or other procedure (including the Employee Handbook) or any other personnel manual, constitutes an employment contract or modification of the at-will employment relationship between me and Jenkins Living Center, Inc.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take and pass job-related tests, take a drivers examination, submit to a background investigation, take a pre-employment drug test or become certified in my position. If I am offered employment to start work before any required test is complete, my employment is contingent on a satisfactory result on all required tests.

I understand that Jenkins Living Center, Inc. maintains a drug-free workplace and agree that maintenance of same is essential to the safety of the workplace and employees. I promise to abide by Jenkins Living Center, Inc.'s policies prohibiting the use or possession of drugs, alcohol, or any controlled substance, or the misuse of prescribed or over-the-counter medicine on company premises or while on duty. I also understand that I may be tested for drugs, alcohol or controlled substances if I am employed by Jenkins Living Center, Inc.

I understand that Jenkins Living Center, Inc. reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases), or employee lockers, or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

I understand that I must meet the employability requirement of the U.S. Citizenship & Immigration Service and submit appropriate documents to satisfy the requirements for completing DHS Form 1-9.

I understand that this application will be considered active for ninety (90) days from this date. If I have not heard from Jenkins Living Center, Inc. at the conclusion of the ninety (90) day period, it is my responsibility to complete a new application if I wish to be considered for employment.

I have read and understand everything on this application. I further understand that my signature is required in order for this application to be considered.

Signature

Date

Authorization for Reference and Background Requests

I authorize Jenkins Living Center to contact my prior employers, and other sources of information regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify Jenkins Living Center, Inc., each of my prior employers, and each of the other sources of information contacted and agree to hold harmless from any claims arising from this authorization and direction.

Signature

Date

EEO Policy

Jenkins Living Center maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operation. In compliance with federal and state laws, Jenkins Living Center hires, trains and promotes qualified applicants and employees without unlawful discrimination on the basis of race, ethnicity, color, gender, age, religion, creed, marital status, national origin, veteran's status, disability or other protected status.

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at Jenkins Living Center (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by Jenkins Living Center (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Jenkins Living Center (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: Male Female Race: Asian Black or African American White Hispanic or Latino Other

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

Fair Credit Reporting Act Candidate Notice and Disclosure

Jenkins Living Center (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, _____, agree that a facsimile or photocopy of this form is valid just like the original form.
I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name. Last First Middle

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Signature Today's Date