

APPLICATION FOR EMPLOYMENT

Today's Date _____

Location applying for: _____

Position applying for: _____

- | | |
|--|---|
| <input type="checkbox"/> Full Time
<input type="checkbox"/> Part Time
<input type="checkbox"/> On-Call | <input type="checkbox"/> 1 st Shift (6am-2pm)
<input type="checkbox"/> 2 nd Shift (2pm-10pm)
<input type="checkbox"/> 3 rd Shift (10pm-6am)
<input type="checkbox"/> Weekend Shifts |
|--|---|

PERSONAL DATA - (If you have lived at current address less than one year, list previous address.)

Name: Last	First	Middle		
Social Security #	Telephone #	Email		
Address: Street	City	County	State	Zip
Previous Address: Street	City	County	State	Zip

EDUCATION

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certification
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College/Vocational Or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Post Graduate Education				<input type="checkbox"/> No <input type="checkbox"/> Yes	

SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION

License/Certification Type	License/Certification No.	State	Expiration Date
License/Certification Type	License/Certification No.	State	Expiration Date
CPR Expiration Date	Last Physical Exam Date	Last TB/CXR Date	

GENERAL INFORMATION

Are you legally authorized to work US? (If you become an employee you will be required to provide documentation proving your eligibility to work in the US)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor crime? (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time which has expired since its occurrence and any rehabilitation you have undergone.) If yes, state the basis for each conviction and the date of the conviction. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by CP Senior Living or any of its affiliates? If yes, give locations and dates: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever interviewed with CP Senior Living or any of its affiliates? If yes, give locations and dates: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the job according to the job description with or without reasonable accommodation? If an accommodation is needed, how would you perform the essential job function and with what reasonable accommodation? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE - (Please complete all appropriate items, even if you have already provided us with a resume.)

Company Name (Present or most recent Employer):	Job Title:	Start Date:	End Date:	Hourly Rate:
Company Address:	City:	State:	Zip:	
Current Supervisor:	Telephone #:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your job responsibilities and accomplishments:

Reason for Leaving: _____

Company Name (Past Employer):	Job Title:	Start Date:	End Date:	Hourly Rate:
Company Address:	City:	State:	Zip:	
Supervisor:	Telephone #:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your job responsibilities and accomplishments:

Reason for Leaving: _____

Company Name (Past Employer):	Job Title:	Start Date:	End Date:	Hourly Rate:
Company Address:	City:	State:	Zip:	
Supervisor:	Telephone #:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your job responsibilities and accomplishments:

Reason for Leaving: _____

Please be sure to read and sign the following page.

CP Senior Living is an equal opportunity employer.
 (Application will not be considered complete without the applicant's signature)

APPLICATION FOR EMPLOYMENT

I certify that the information in the application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if CP Senior Living "CPSL" learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the amount of time since the conviction, the type of work involved, etc.)

I authorize CPSL to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check, needed to make an employment decision. I authorize CPSL to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize CPSL to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release CPSL and any individual or entity providing information to CPSL from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired or if hired, I may be terminated. I understand and agree that CPSL may require a drug screen prior to my employment, and random drug screening may be required at any time during my employment with CPSL.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between CPSL and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will"; that is, I will have the right to terminate my employment at any time and CPSL retains the same right to terminate my employment at any time.

I understand that should I become employed by CPSL, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of CPSL.

I understand that CPSL reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in CPSL has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of CPSL.

Applicants Signature _____ **Date** _____

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., Section 20000 et seq.) and 45 C.F.F. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 6101 et seq.) and 45 C.F.R. Part 91, CP Senior Living adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by CP Senior Living. CP Senior Living offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status disability or any other category protected by any applicable local, state or federal law, ordinance or regulations.

"Employment with CP Senior Living is voluntarily entered into and the employee is free to resign at will at any time, with or without cause. Similarly, CP Senior Living may terminate the employment relationship at will, at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law."

OFFICE USE ONLY

Application Reviewed by:

Date

APPLICATION FOR EMPLOYMENT

PRIOR EMPLOYMENT REFERENCE VERIFICATION

Applicant Release:

Applicant: _____
Last First MI Maiden

I hereby release from all liability the referenced organization and authorize release of all information requested regarding my employment. I understand this information may be released to clients of CPSL and other requesting third parties on a need-to-know basis. I also release CPSL from all liability from disclosure of this information.

Applicant Signature: _____ Date: _____

Reference 1:

1. Please confirm applicant's employment: From (date) _____ To _____

2. Please confirm applicant's job title: _____

3. Please confirm applicant's pay rate: _____

4. Please comment on the applicant's attributes using the following scale:

4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable Quality

of Work: _____

Knowledge of Skills: _____

Reliability & Attendance: _____

Cooperation: _____

5. Please indicate specialty areas in which the applicant has had experience: _____

6. Please describe the major job responsibilities in this position: _____

Reference 2:

1. Please confirm applicant's employment: From (date) _____ To _____

2. Please confirm applicant's job title: _____

3. Please confirm applicant's pay rate: _____

4. Please comment on the applicant's attributes using the following scale:

4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable Quality

of Work: _____

Knowledge of Skills: _____

Reliability & Attendance: _____

Cooperation: _____

5. Please indicate specialty areas in which the applicant has had experience: _____

6. Please describe the major job responsibilities in this position: _____

Person Completing Reference Verifications:

Name: _____ Date: _____

Signature: _____ Job Title: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **CP Senior Living** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* _____ Date of Birth* _____
Month Day Year

Driver's License #: _____ State of Driver's License* _____

E-mail _____

Present Address _____ Phone Number _____

City/State/Zip _____
City State Zip Code

Former Employer _____ Position _____

Dates of Employment _____ to _____
Month Year Month Year

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

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Signature: _____ Date: _____

Assisted Living Facility Background Disclosure Statement for Applicants for Employment

Section I – Facility Information

Instructions: Facilities must complete Section 1 of this disclosure statement and provide it to any applicant who applies for employment at the facility. If an applicant for employment indicates on this disclosure statement that they have lived in another state within the past five years, a facility must conduct a name-based criminal history check in each state in which the applicant previously resided within the 5-year period.

Facility Name	License No.	Area Code and Phone No.
Address (<i>Street, City, State and ZIP Code</i>)		
Manager	Date Disclosure Statement Completed	

Section II – Applicant Information

Instructions: Complete section, sign and return to facility manager.

Applicant Name	Applicant Area Code and Phone No.	Applicant Date of Birth
Applicant Address (<i>Street, City, State and ZIP Code</i>)		Date Disclosure Statement Completed

I have been convicted of an offense described in [Texas Health and Safety Code Section 250.006](#): Yes No

I have lived in a state other than Texas within the past five years of the date of completion of this form: Yes No

If yes, list of states applicant has lived in other than Texas within the past five years:

Signature of Applicant

Date