



Vicinia Gardens Employment Application

*Facility Applying to:

We offer year-end bonuses, competitive wages, and direct deposit of paychecks

It is our policy to comply with all local, state and federal laws prohibiting discrimination in employment based on age, race, color, creed, religion, national origin, disability, sex or any other legally protected status. We are an equal opportunity employer. Equal access to programs, services and employment is available to all persons. Any applicant requiring an accommodation with respect to this process should notify the Director of the facility.

All candidates for employment must complete the application for employment form in its entirety, even if resume is attached. The application must be signed. Incomplete applications will not be accepted. Any misrepresentations made on the application may result in not being hired or involuntary separation from company service if employment has begun.

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

*Name: _____
(Last, First, Middle)

*Address: _____
(Street, City, State, Zip Code)

*Home Telephone Number: _____ Alternate: _____

*Position applied for: _____ *Date: _____

*What schedule are you available for work? FT _____ PT _____ Temporary

*Number of hours per week: _____

Date available for employment: _____

*Shift Preference: _____

*Would you consider working weekends & holidays? _____

*Salary Requirements: _____



*Have you ever applied for work at Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC/Vicinia Gardens Transition, LLC- (Intermediate Care) or Eley Acres Assisted Living and Memory Care, LLC (Vicinia Gardens of Otsego)

Yes No _____

*Have you ever been employed by Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC/Vicinia Gardens Transition, LLC or Vicinia Gardens of Otsego, LLC?

Yes No _____

*If you are under 18 years of age, can you provide proof of employment eligibility?

Yes No _____

*Are you a U.S. citizen or an alien authorized to work in the U.S.? Yes No _____
(Proof of citizenship or immigration status will be required upon employment)

Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC/ Vicinia Gardens Transition, LLC and Vicinia Gardens of Otsego, LLC conducts random drug screening.

*Are you willing to submit to a drug test? Yes No _____

Education & Training

	High School	College	Professional
Name/Location			
Course(s) of Study			
Graduated (Y/N)			



Employment History

Employer Name City/State Phone Number	Dates of Employment (From/To)	Position/Job	Rate of Pay	Reason for Leaving

*Have you ever been fired, discharged, or asked to resign? _____yes _____no

References *(All 3 references are required)*

Name	Phone Number	Years Known

*May your current supervisor and any reference or individuals associated with your current employer be contacted? _____yes _____no

*I understand that if I am employed, any misrepresentation or material misrepresentation made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

*Indicates required fields



*I agree that any lawsuit arising out of my employment with, or my application for employment with the Company or any facility, or any of its subsidiaries must be filed within twelve months after the date the employment action that is the subject of the lawsuit, or a limitations period provided by law, whichever time period is less. While I understand that the statute of limitations for claims arising out of an employment action may be longer than twelve months, I agree to abide by the twelve-month period of limitations set forth herein and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

*I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I specifically authorize the employer to conduct a criminal background check to confirm the information that I have given concerning my criminal history. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations from furnishing such information.

*This application is current for only 90 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.

*If accepted for employment I understand that the offer of employment is contingent upon my agreeing to abide by all rules and regulations on the employer.

*If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as it may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized office, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

*I understand that upon receiving a job offer, a physical examination and random drug screening may be required.

*I understand that I am responsible to provide proof of a Physical and TB test.

I have read this statement and agree to its terms

*Signature *Date

Who referred you to us/how did you hear about us?



Employment Reference Check

Name and Title of Referral _____

Name of Company: Circle One- Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC/, Vicinia Gardens Intermediate Care, LLC /and Vicinia Gardens of Otsego, LLC
Address/Phone number:

The individual named below is applying for a position as _____ and has given you a reference. A signed "Authorization and Release" form is attached. As our company places great importance on the screening of all our applicants, we would appreciate a prompt and thoughtful response. All replies will be held in strict confidence. If you have any questions, please call Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC/ Vicinia Gardens Intermediate/Transition of Fenton or Vicinia Gardens of Otsego, LLC at the number listed above. Thank you in advance.

Signature

Date

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC, Vicinia Gardens Transition, LLC, and Vicinia Gardens of Otsego, LLC, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm corporation, school, or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except made for the express purpose of preventing me from obtaining which the officer, employee or agent disclosing such facts knows are untrue.

Reference is requested for: _____

Question	Response	
Please confirm applicant was employed at your company from/to	YES NO N/A	YES NO
The applicant states their final position was	N/A YES NO N/A	YES
The applicant states their final pay was	NO N/A YES NO N/A	
Was the applicant on time for work as scheduled?	YES NO N/A	YES NO
Was the applicant committed to quality work?	N/A YES NO N/A	YES
Was the applicant a team player?	NO N/A YES NO N/A	
Did the applicant perform their work in a timely manner?	YES NO N/A	
Was the applicant appropriately dressed for their work setting?		
Overall, was the job performed satisfactorily?		
Why did the applicant leave your company?		
Would you rehire the applicant?		

Name/Signature of person providing reference

Job Title

Date

*Indicates required fields



Employment Reference Check

Name and Title of Referral _____

Maria G. Compas, Sr. Director of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC/Vicinia Gardens Transition, LLC/and Vicinia Gardens of Otsego, LLC
Address/Phone number:

The individual named below is applying for a position as _____ and has given you a reference.

A signed "Authorization and Release" form is attached. As our company places great importance on the screening of all our applicants, we would appreciate a prompt and thoughtful response. All replies will be held in strict confidence. If you have any questions, please call Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC, Vicinia Gardens Transition or Vicinia Gardens of Otsego, LLC at the numbers listed above. Thanking you in advance.

Signature

Date

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to Vicinia Gardens Assisted Living of Fenton, LLC, Vicinia Gardens Memory of Fenton, LLC, Vicinia Gardens Transition, LLC, and Vicinia Gardens of Otsego, LLC, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm corporation, school, or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except made for the express purpose of preventing me from obtaining which the officer, employee or agent disclosing such facts knows are untrue.

Reference is requested for: _____

Question	Response	
Please confirm applicant was employed at your company from/to	YES	NO N/A YES NO
The applicant states their final position was	N/A	YES NO N/A YES
The applicant states their final pay was	NO	N/A YES NO N/A
Was the applicant on time for work as scheduled?	YES	NO N/A YES NO
Was the applicant committed to quality work?	N/A	YES NO N/A YES
Was the applicant a team player?	NO	N/A YES NO N/A
Did the applicant perform their work in a timely manner?	YES	NO N/A
Was the applicant appropriately dressed for their work setting?		
Overall, was the job performed satisfactorily?		
Why did the applicant leave your company?		
Would you rehire the applicant?		

Name/Signature of person providing reference

Job Title

Date

*Indicates required fields



Confidentiality Agreement

In consideration of my employment with this company,I agree to the following:

1.I will not at any time either during or after my employmentwith the company use or disclose to others any information regarding residence or otherconfidential information about the company business or any of its propriety rights, except asrequired in the ordinary course of performing my employment duties for the company.

2.Summaries of any such material.

3.Any internal procedures, proprietary information,or discoveries, resulting from any work I do as an employee (alone or with others) of the company shallbe promptly disclosed to the company and shall be its exclusive property and agree to signand deliver at any time any instruments confirming the exclusive ownership by the company.

4.Without the express permission of the employer, Iwill not call, contact, the residence and/or their families outside of my normal course of duties withthe employer.

5.I agree that during my employment by the company Iwill not engage in any other employment or business, which competes or is in competition withthis employer, unless written permission is received.

6.I recognize that if I breach this agreement, irreparableharm will come to the company and that the remedy at law is inadequate; therefore, I agree thatthe company shall be entitled to injunctive relief against any such actual or threatened breach, in additionto any other remedy provided by law.

7.I agree that this agreement (a) shall not be constructedas an agreement by the company to employ me for any specific period; (b) cannot be modifiedexcept in a writing signed by the company; (d) shall be binding upon my heirs, legal representatives,and assigns; and (e) shall be governed by Michigan Law.

Accepted and Agreed:

*Dated: _____*Signature: _____