



APPLICATION FOR EMPLOYMENT

• 800 Northpoint Parkway • Suite 101B • West Palm Beach, Florida 33407 •

**ALZHEIMER'S COMMUNITY CARE
APPLICATION FOR EMPLOYMENT**

ALZHEIMER'S COMMUNITY CARE ("ACC") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or other protected status.

INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT.

Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN.

Position applied for _____ Date _____
Last Name _____ First _____ M.I. _____
Current Address _____ City _____ State _____ Zip _____ How Long? _____
Previous Address _____ City _____ State _____ Zip _____ How Long? _____
Home Phone # (____) _____ Social Security # _____ - _____ - _____

Are you 18 years of age or older? Yes No Are you available for full employment? Yes No

Have you ever applied with ACC? Yes No

If yes, when? _____

For which job did you apply? _____

Have you been previously employed by ACC? Yes No

If yes, when? _____

In which job(s) were you employed? _____

Give names and positions of any relatives, including in-laws, who work for ACC:

Please indicate hours or days you will not work _____

What are your salary requirements? _____

How did you learn of position you are applying for: Advertisement _____ Walk-in _____ Word of Mouth _____

ACC Employee _____ Name of Employee _____ Other _____

List any job related skills or qualifications that support your application: _____

Have you ever been convicted of, or plead guilty or *nolo contendere* to a crime? Yes No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition):

***Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.**

Have you ever been discharged or requested to resign from a position? Yes No

If so, explain: _____

EDUCATION

Level	Name	Major	Circle Highest Grade Completed				Degree / Diploma/CED
			9	10	11	12	
High School							
College			1	2	3	4	
Other			1	2	3	4	

Professional Licenses: _____

Identify any special computer or technical skills and/or training: _____

EMPLOYMENT

(List all employment since high school, the most recent job first. Attach additional sheets if necessary.)

Include period of unemployment, self-employment and military service)

	Dates Employed mo/yr - mo/yr	Company Name & Address	Phone #	Position/ Supervisor	Reason for Leaving	Start & End Salary
1						
2						
3						

May we contact your present employer?

Yes

No

If you answered "No", please explain: _____

PERSONAL PREFERENCES

(Do not list relatives or previous employers)

	Name	Address	Phone #	Occupation	Years Known
1					
2					
3					

PLEASE READ CAREFULL Y

**JOB APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION
TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

I understand that ALZHEIMER'S COMMUNITY CARE ("ACC") will attempt to verify statements made on my application and made during my employment interview. When contacted by ACC, I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of ACC's review of this application, I release ACC and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that ACC can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

I understand that ACC requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate ACC

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to ACC and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I understand that certain positions will require a credit check. Prior to obtaining any information from a credit reporting service, ACC must first obtain my written consent in a disclosure separate from this application. I understand that ACC shall treat all this information in a confidential manner.

I understand that if I am employed by ACC, I must conform to the rules of ACC. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that ACC has a similar right. I understand my employment by ACC does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that no one other than the President and Chief Executive Officer of ACC has the authority to make any other agreement. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by ACC and, at times, I may be required to work at other ACC locations.

I understand that I will be required to submit to a level I and/or level II criminal background check and a drug test now or at any time in the future and I agree to such testing. I also understand that I may be required to submit to a medical evaluation and TB testing if employed to work at a day care center or a position with the Community Care Service Department. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. All offer of employment will depend upon ACC's ability to verify this necessary information.

I understand that if I am hired, confidential information regarding ACC, and/or its patients, caregivers, donors and employees, may be available to me and that this information must not be disseminated or used except for ACC's benefit. If employed, I agree to keep all information about ACC, including such information regarding its business methods, protocols, patients, caregivers, donors and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without ACC.

Complete Signature of Applicant

Date

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Applications will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant at this location.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

May 2008



Voluntary Self-Identification Race/Ethnicity/Gender

It is the policy of Alzheimer's Community Care to provide equal employment opportunity without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, disability, veteran's status, or other protected status. To achieve this, ACC bases all employment decisions on valid job requirements.

As a matter of good business policy, we are required by our funding sources to keep records to perform certain analyses of our employee workforce by gender, race, and ethnicity. Since such analyses are only possible if we know the profile of employees, we are using this means to ask you to voluntarily complete this survey.

The categories listed below are those used by the U.S. Bureau of Census and the Department of Labor and are the only options currently available for government reporting purposes. These categories do not accommodate persons with a diverse ethnic background, so we ask that you choose only one.

Sex Identification (Title 41, Part 60 of the Code of Federal Regulations)

- Female Male

Race/Ethnic Identification (Title 41, Part 60 of the Code of Federal Regulations)

Please identify yourself in one of the following five categories:

- African American/Black (not of Hispanic Origin):** A person having origins in any of the Black racial groups of Africa.
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- White:** (not of Hispanic Origin): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or has community recognition.
- Asian American/Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa; and, on the Indian subcontinent, includes India, Pakistan, Bangladesh, Nepal, Sri Lanka, Sikkim, and Bhutan.

Name (Please Print)

Signature

Date

Position Applying for (list only one)

Where did you hear about this job?

Voluntary Self-Identification Veteran Status and Disability

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You may self-identify at this time or at any time in the future if you believe that you might be covered by the Rehabilitation Act of 1973 (Rehab Act), the Americans with Disabilities Act (ADA) or the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended. Section 503 of the Rehab Act, the ADA, and the VEVRAA, as amended, prohibit job discrimination because of a disability and veteran's status, and require affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job, and qualified Vietnam era veterans, special disable veterans, and other eligible veterans.

Veteran Status (41 CFR 60-250.42)

Please check any of the following categories that apply to you:

- Special Disable Veteran:** "(A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitle to compensation) under laws administered by the Dept. of Veterans' Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap; or (B) a person who was discharged or released from active duty because of a service-connected disability."
- Veteran of the Vietnam-era:** "A person who (A) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases."
- Other Veterans:** "(A) A veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or (B) a veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion **ONLY** based upon military service **IN** the identified campaign or expedition and **NOT** simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," also known as the "DD-214 Form."
- Disability** (41 CFR 60-741.42): An individual with a disability means any person who:
 - a) has a physical or mental impairment which substantially limits one or more of such person's major life activities;
 - b) has a record of such an impairment; or
 - c) is regarded as having such an impairment.

Name (Please Print)

Signature

Date