

**BROWNWOOD LIFE CARE APPLICATION
EMPLOYMENT APPLICATION**

IMPLEMENTED APRIL 10, 2018

Brownwood Life Care Center is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, color, religion, sex, national origin, disability, age, veteran status, genetic information or any other protected status.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete, accurate, and honest manner, as no action can be taken on this application until all questions have been answered.

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone with Area Code				E-Mail Address								
Date Available			Social Security Number			Desired Salary			\$			
Position Applying For					Desired Shift							
Type of Employment Desired			Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>		Referred by					
Have you ever been employed at Brownwood before?				No <input type="checkbox"/>		Yes <input type="checkbox"/>		Dates:				
Are you authorized to work in the United States for any employer?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		Are there any reasons why you would be unable to perform the tasks involved in the position for which you are applying? If yes, please state these reasons:			Yes <input type="checkbox"/>		No <input type="checkbox"/>
Have you ever been convicted of, plead guilty to, or served probation for any crime (excluding minor violations), including DWI/DUI?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, state the offense, location, date, and disposition.					
Do you have obligations or other reasons that would limit your ability to travel or work overtime?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, explain:					
EDUCATION												
High School				Address								
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			G.E.D.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	
College				Address								
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			Graduation Date					
Other				Address								
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree			Graduation Date					
REFERENCES												
<i>Please list three personal references.</i>												
Full Name					Relationship							
Address					Phone							
Full Name					Relationship							
Address					Phone							
Full Name					Relationship							
Address					Phone							

PREVIOUS EMPLOYMENT		
Company	Phone (and area code)	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
Date From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone (and area code)	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
Date From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company	Phone (and area code)	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
Date From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

SKILLS AND ABILITIES
Describe skills and abilities you possess that you feel will assist in caring for our clients.

DISCLAIMER AND SIGNATURE		
<p>I certify that my answers to the preceding questions are true and correct without any consequential omission of any kind whatsoever. I understand that if I am employed by Brownwood Life Care Center, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.</p> <p>I hereby authorize Brownwood to contact any company or individual it deems appropriate to investigate any and all employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive any right to bring any cause of action against those individuals for defamation invasion of privacy or any other reason because of their statements.</p> <p>I agree, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination.</p> <p>I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that any employment is "at-will" and may be terminated by myself or by the Company at any time for any or no reason at all, with or without prior notice.</p>		
<table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Signature	Date
Signature	Date	