# ADORING CARE ASSISTED LIVING LLC

Employment Application

1111 S. 9th St., Midlothian, TX 76065

Phone: 517-580-9810 | Email: info@adoring.care

Website: www.adoring.care

## Employment Application

(Pre-Employment Questionnaire)

An Equal Opportunity Employer

Date: \_\_ / \_\_ / 20\_\_

### I. Personal Information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Initial: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_ - \_\_ - \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_ / \_\_\_ - \_\_\_\_

Secondary Phone: \_\_\_ / \_\_\_ - \_\_\_\_

Position Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Training/Certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you been convicted of a felony or misdemeanor in the past five (5) years? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last TB Test or Chest X-Ray: \_\_ / \_\_ / \_\_\_\_

Have you completed fingerprinting as required by the State of Texas for caregivers? ☐ Yes ☐ No

### II. Work Experience

Please provide your employment history for the last five (5) years. Caregivers must be 18 years old with at least three (3) months of healthcare-related experience. Managers must be 21 years old with at least twelve (12) months of healthcare-related experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dates Employed | Position Held | Employer Name | Employer Address | Employer Phone | Verified By (Office Use Only) | Comments |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### III. Character References

Please list two verifiable character references who are not related to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reference Name | Address | Phone Number | Verified By (Office Use Only) | Comments |
|  |  |  |  |  |
|  |  |  |  |  |

### IV. Background Check Consent

All employees of Adoring Care Assisted Living LLC are required to submit to a fingerprint background check. This is to ensure compliance with state laws prohibiting employment of individuals convicted of crimes involving:

- Abuse, neglect, or exploitation of a vulnerable adult

- Sexual abuse or exploitation

- Violent crimes, including but not limited to murder, assault, or kidnapping

- Drug-related felonies

- Fraud or financial exploitation

I understand that providing false information on this application may result in immediate termination.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_

### For Office Use Only

Interviewer’s Impressions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| Requirement | Date Completed |
| TB Test (within 6 months) |  |
| Caregiver/Manager Certification Level |  |
| Fingerprint Results |  |
| CPR Training |  |
| First Aid Training |  |

Applicant accepted for employment? ☐ Yes ☐ No

Hire Date: \_\_ / \_\_ / \_\_\_\_

Termination Date: \_\_ / \_\_ / \_\_\_\_