



# GLADSTONE

Care & Rehabilitation Center  
"We're here because we care."

## EMPLOYMENT APPLICATION

**PLEASE PRINT**

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

INSTRUCTIONS: Please read carefully, write clearly and answer all questions completely. Only candidates that fully complete all required sections and who sign the application will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Company. APPLICATIONS ARE ACCEPTED FOR CURRENT OPENINGS ONLY. Your employment application is held for 6 months. You must reapply if you wish to be considered for employment beyond this period.

Name: \_\_\_\_\_  
Last First Middle

Business Telephone (\_\_\_\_) \_\_\_\_\_ Primary Telephone (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

How long have you lived at this address? (If less than five years, provide your former addresses for the past five years):  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regular part-time work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Temporary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On-Call/Per Diem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary or seasonal work, during what period of time will you be available?  
\_\_\_\_\_  
\_\_\_\_\_

Would you be available to work overtime, if necessary? Yes ☐ No ☐

Would you be available to work weekend overtime, if necessary? Yes ☐ No ☐

(Total hours and schedule are at the discretion of the Company)

If hired, on what date can you start work? \_\_\_\_\_

Salary or hourly rate desired: \_\_\_\_\_

### PERSONAL INFORMATION

Referral Sources: ☐ Ad (specify) ☐ Employment Agency ☐ Walk-In ☐ Friend/Relative ☐ Other (specify): \_\_\_\_\_

Have you ever applied to or worked for the Company before? Yes ☐ No ☐

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for the Company? Yes ☐ No ☐

If yes, state name(s) and relationship \_\_\_\_\_

If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA? Yes ☐ No ☐

If hired, would you have a reliable means of transportation to and from work? Yes ☐ No ☐

Are you at least 18 years old? Yes ☐ No ☐

(If under 18, hire is subject to verification that you are of minimum legal age and have a valid student work permit.)

If hired, can you present documentation establishing your legal right to employment in the United States? Yes ☐ No ☐

Have you or any company you have worked for ever been excluded, debarred, suspended or otherwise determined ineligible for participation in federal or state health care programs? Yes ☐ No ☐

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

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes ☐ No ☐

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: Hire may be subject to passing a medical fitness for duty examination.)

### EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the Company? If so, please explain: \_\_\_\_\_

### ***LICENSURE FOR PROFESSIONAL POSITION***

Are you now licensed or certified in a profession or occupation? Yes ☐ No ☐ In which state(s)? \_\_\_\_\_

If not licensed in this state, have you applied? Yes ☐ No ☐

Professional license, certificate or registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Licensure/Certifications: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ***EMPLOYMENT HISTORY***

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Include volunteer experience if relevant to the position for which you are applying. Attach extra pages if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving".

May we contact your present employer? Yes ☐ No ☐

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

What is the most important skill you demonstrated at this job? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the most important skill you demonstrated at this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like most about this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least about this job? \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the most important skill you demonstrated at this job? \_\_\_\_\_

\_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

\_\_\_\_\_

### ***MILITARY SERVICE***

Have you obtained any special skills or abilities as the result of military service that may relate to the position for which you are applying? Yes ☐ No ☐

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### ***REFERENCES***

List below three persons not related to you who have knowledge of your work performance within the last three years.

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

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

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

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

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

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

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

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

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.**

I understand that persons employed at Gladstone Care (the "Company") have access to confidential information regarding various phases of the Company business and our clients. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

\_\_\_\_\_

I certify that the information provided herein is correct to the best of my knowledge and belief, and that I personally completed this application. I acknowledge and agree that this application will be considered by Gladstone Care for no longer than six months from the date it was submitted. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge. I authorize the references and contacts listed to provide you with any and all relevant information, personal or otherwise, and to the fullest extent allowed by law, I release all parties from all liability for any damages that may result from furnishing the same to the Company.

\_\_\_\_\_

In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Company in its policies and practices or as directed by management.

\_\_\_\_\_

I understand that each employee of Company is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

\_\_\_\_\_

I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment.

\_\_\_\_\_

I understand that if offered employment I may be required to submit to a drug, marijuana and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

\_\_\_\_\_

I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment.

\_\_\_\_\_

I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Background Check Authorization Form

It is the policy of Gladstone Care and Rehabilitation Center to conduct a background check on all newly hired employees. Background information is confidential in nature and will be retained in the employee's personal file.

By signing this form, I grant permission for Gladstone Care and Rehabilitation Center to conduct a background information search to include the following:

Criminal convictions and arrest	Educational background
Prior employers	References
Certification or licensure verification	Abuse Registry

I understand unfavorable notification by legal or fiscal organizations may result in the termination of my position with Gladstone Care and Rehabilitation Center.

## Social Security and Date of Birth:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Personal Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male // Female // Race: \_\_\_\_\_ Email: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

## Current Address:

Country USA

Address \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

*I certify that, to the best of my knowledge, all statements made/information given above are true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_