



Riverside Senior Living

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Agreement and consent to Drug and/or Alcohol Testing

I hereby agree, upon a request made under the drug/alcohol policy of Riverside Senior Living to submit to a drug test and to furnish sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject immediate termination. I further authorize and give full permission to have Riverside and/or its designated physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Riverside and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Riverside to disclose any documentation relating to such test to any governmental entity involve in a legal proceeding or investigation connected with the test.

I understand that only duty-authorized Company officers, employees and agent will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Riverside Senior Living , its designated physician, and any testing laboratory the company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any kind of adverse job action that might arise as a result of the drug or alcohol test, even if a company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Riverside, its designated physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY.

I have read and fully understand and have no questions about this test or the policy.

Signature

Date

Company Representative

Date



**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **Riverside Senior Living** by and through its independent contractor, **Kroll Background America, Inc. ("KBA")**, to procure a consumer report and/or investigative consumer report on me. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Riverside Senior Living** by and through **KBA**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I hereby release **Riverside Senior Living, KBA** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment; furthermore I authorize subsequent consumer reports and/or investigative consumer reports during my employment with **Riverside Senior Living**.

Additionally, I give **Riverside Senior Living** permission to investigate any incidents of workplace misconduct, including but not limited to: harassment, discrimination and retaliation of which I have been accused, for which I am alleged to have been involved with prior employers or during my employment with **Riverside Senior Living**. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

SIGNATURE _____

DATE _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICINSE NUMBER _____

STATE _____

TYPE OR PRINT NAME (last, first, middle initial) _____

OTHER NAMES USED (alias, maiden, nickname) _____

YEARS USED _____

CURRENT ADDRESS

STREET/P.O. BOX _____

CITY _____

STATE _____

ZIP _____

COUNTY OF RESIDENCE _____

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS (If you need additional space please use the back of this form)

STREET/P.O. BOX _____

CITY _____

STATE _____

ZIP _____

COUNTY _____

DATES LIVED HERE _____

STREET/P.O. BOX _____

CITY _____

STATE _____

ZIP _____

COUNTY _____

DATES LIVED HERE _____

STREET/P.O. BOX _____

CITY _____

STATE _____

ZIP _____

COUNTY _____

DATES LIVED HERE _____

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges? Yes No **If yes, please attach a complete explanation.**

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)? Yes No **If yes, please attach a complete explanation.**

PROFESSIONAL LICENSE (S) OR CERTIFICATION (S) _____

LICENSE OR CERTIFICATION # (S) _____

STATE (S) ISSUED _____

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*

_____/_____/_____
*Date of Birth

*Gender (M or F)