



*New Employee Data Sheet*

**FOR EMPLOYEE:**

COMPANY NAME Laurelwood Assisted Living LLC

EMPLOYEE LAST NAME \_\_\_\_\_

EMPLOYEE FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE OH ZIP CODE \_\_\_\_\_

GENDER ☐ MALE ☐ FEMALE

SSN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (mm/dd/yyyy)

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (for employee self-service access)

**FOR MANAGER:**

DATE OF HIRE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ HOURLY PAY \_\_\_\_\_

EMPLOYEE STATUS ☐ REGULAR FULL TIME ☐ REGULAR PART TIME ☐ PRN

EMPLOYEE TYPE ☐ HOURLY ☐ SALARY

# LAURELWOOD

Assisted Living & Memory Care

## Application for Employment

Please print legibly. Read and answer all questions carefully and completely. You may attach your resume, however all sections of this application must be completed. Laurelwood is an Equal Employment Opportunity employer. Please advise us if accommodations are necessary for you to participate in the application or selection process.

Name of Community:		Date:
Legal name (last, first, middle):	Preferred name/other names you are known by:	
Street address:	City, State, Zip:	
Contact phone:	e-Mail address:	
Position(s) applied for (please be specific):	Hourly wage desired:	Type of Job preferred? <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time
Are you available to work overtime if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you will be available to begin work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Laurelwood managed Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and where:		
How did you learn about Laurelwood?		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If a work permit is required, you will need to obtain it prior to beginning work. Restrictions on work hours may be required by law. (Employment is subject to verification of minimum legal age and restrictions on work hours as required by state law.)		
Are you able to perform the essential functions of the position(s) for which you have applied; with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		

### SPECIFY ALL HOURS THAT YOU ARE AVAILABLE TO WORK FOR EACH DAY OF THE WEEK

Laurelwood will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

### EDUCATION AND SPECIAL SKILLS

Schools	Name & Location of School	Major	Degree or Highest Grade Completed	Still Attending?
High School				
College/ University				
Technical Business or Other				

Other special training or skills:	
Certification and licenses obtained	

## PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record for the last ten (10) years. You may include any verified work performed on a voluntary basis. Please use additional paper if necessary. List most recent position first. Do not omit any job.

Company name:	Name and title of immediate Supervisor:	Date of employment (month/year): From: To:
Street address:		City, State, Zip:
Phone number:	Position:	
Reason for leaving:		
Responsibilities:		

Company name:	Name and title of immediate Supervisor:	Date of employment (month/year): From: To:
Street address:		City, State, Zip:
Phone number:	Position:	
Reason for leaving:		
Responsibilities:		

Company name:	Name and title of immediate Supervisor:	Date of employment (month/year): From: To:
Street address:		City, State, Zip:
Phone number:	Position:	
Reason for leaving:		
Responsibilities:		

If still employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

## REFERENCES

Please list three (3) professional references who are familiar with you personally or familiar with your work performance.

Name	E-mail	Phone Number	Years Acquainted	How do you know this person?

Have you ever initiated or participated in an act of violence in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:



Laurelwood is an Equal Employment Opportunity employer. Laurelwood will recruit, hire, train, promote, and make all other employment decisions without regard to race, color, religion, sex, gender, marital status, national origin or ancestry, age, disability, medical condition, pregnancy, creed, citizenship status, gender identity, gender expression, sexual orientation, protected veteran status, genetic information or any other basis protected by law.

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND AGREEMENT BEFORE SIGNING THIS APPLICATION:**

1. By signing this application, I certify that the information contained in this application is correct to the best of my knowledge and that any material misrepresentation(s) and/or omission(s) on this application or in any written or oral statement used to secure my employment is/ are grounds for dismissal of employment with Laurelwood if I am hired or rejection of my application for employment regardless of the time elapsed before Laurelwood discovers the misrepresentation(s) and/or omission(s).
2. I authorize Laurelwood or its agents to investigate my references, job history and other information about me, and I authorize my former employers and any other persons or organizations to provide any accurate information they have about my background. I release Laurelwood and all other persons and entities from any claim arising out of the investigation or disclosure.
3. I understand that Laurelwood's policy prohibits an employee under the influence of intoxicants or controlled substances from working, and that testing may be required of an employee reasonably suspected to be under the influence, or who is involved in or who contributed to an accident involving injury or harm to individuals, including yourself, or to property or equipment (except where prohibited by law).
4. Applicants are notified that smoking is prohibited in all indoor areas of Laurelwood unless designated smoking areas have been established by a particular location in accordance with applicable state and local law. Some communities are or in the future may become completely smoke free.
5. Laurelwood is an "at will" employer. Employees are free to terminate employment with Laurelwood at any time, with or without reason and with or without notice, and Laurelwood has the right to terminate employment, with or without reason and with or without notice.
6. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that completing this application does not indicate there is a position open and does not obligate Laurelwood to hire me.
7. Laurelwood only employs persons legally authorized to work in the U.S. All new employees will be required to present acceptable documents establishing identity and employment authorization.
8. Laurelwood has an arbitration procedure governed by the Federal Arbitration Act. You agree that any claim arising out of or relating to the application process will be subject to arbitration. This does not prevent you from filing an administrative charge with the EEOC, U.S. Department of Labor, or state counterparts, or with the National Labor Relations board, nor from making a claim for workers' compensation or state disability benefits or unemployment insurance. Any arbitration proceedings will be administered by Judicial Arbitration and Mediation Services, Inc. ("JAMS") according to its Employment Rules and Procedures in effect at the time the claim is filed. The JAMS rules for employment disputes can be found at: <http://www.jamsadr.com/rules-employment/arbitration>
9. Laurelwood requires a criminal background check prior to employment. A conviction will not necessarily disqualify a candidate from employment. The nature of the offense will be viewed in light of the position offered and the amount of time lapsed since the conviction. If offered a position I agree to complete all forms necessary to authorize a criminal background check.
10. I authorize Laurelwood or its agents to e-mail me information related to my application, employment, benefits, and other work/employment related communication at the address listed in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Certiphi Consumer Authorization

## BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM [FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

**By signing below, I hereby authorize the company to obtain a consumer report on me, and further authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect during the term of my contract and/or employment, subject to applicable law.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (to be used for  
no other purposes)**

Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's Licenses Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
City State Zip Code

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

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

Please supply the following education information:

What was your name at the time of degree receipt?

\_\_\_\_\_



# LAURELWOOD

Assisted Living & Memory Care

## EMPLOYEE REFERENCE CHECK

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Maiden name or other names known by: \_\_\_\_\_

Employment Reference Company Name: \_\_\_\_\_

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

You are hereby authorized to release the following information:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT-PLEASE COMPLETE THE ABOVE BOXED AREA ONLY

Dear Sir/Madam:

The individual named above is currently being considered for employment and states that he/she was previously employed by you. We would appreciate your evaluation of this applicant as an employee, and this information will be considered confidential.

	Excellent	Good	Fair	Poor	Unknown
Quality of Work					
Attendance					
Initiative					
Character					
Attitude					

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Quit \_\_\_\_\_ Laid off \_\_\_\_\_ Discharged \_\_\_\_\_

Reason: \_\_\_\_\_

Would you re-hire: YES \_\_\_\_\_ No \_\_\_\_\_

IF NOT, WHY? \_\_\_\_\_

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

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Please fax completed form to: Laurelwood Assisted Living @ 937-436-0480

3797 Summit Glen Dr  
Dayton, OH 45449  
937-436-6155

# LAURELWOOD

Assisted Living & Memory Care

## EMPLOYEE REFERENCE CHECK

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Maiden name or other names known by: \_\_\_\_\_

Employment Reference Company Name: \_\_\_\_\_

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

You are hereby authorized to release the following information:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT-PLEASE COMPLETE THE ABOVE BOXED AREA ONLY

Dear Sir/Madam:

The individual named above is currently being considered for employment and states that he/she was previously employed by you. We would appreciate your evaluation of this applicant as an employee, and this information will be considered confidential.

	Excellent	Good	Fair	Poor	Unknown
Quality of Work					
Attendance					
Initiative					
Character					
Attitude					

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Quit \_\_\_\_\_ Laid off \_\_\_\_\_ Discharged \_\_\_\_\_

Reason: \_\_\_\_\_

Would you re-hire: YES \_\_\_\_\_ No \_\_\_\_\_

IF NOT, WHY? \_\_\_\_\_

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

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Please fax completed form to: Laurelwood Assisted Living @ 937-436-0480

3797 Summit Glen Dr  
Dayton, OH 45449  
937-436-6155



### EMPLOYEE COVID-19 SCREENING QUESTIONNAIRE

Name:
Phone Number:
Position:

1. Where do you currently work?

a. Last day of work?

2. Do you have any positive COVID-19 cases at your current/previous Job?

3. If so, have you been tested for COVID-19? What date?

4. If not tested, are you willing to undergo a COVID-19 test due to increased cases in the Montgomery county?

Signature: \_\_\_\_\_

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

# LAURELWOOD

Assisted Living & Memory Care

## Criminal Background Statement

Laurelwood Senior Living does not knowingly hire or retain persons who have been convicted of a felony crime. Laurelwood requires a criminal background check on all employees and reserves the right to require a fingerprint background check on prospective employees.

I \_\_\_\_\_ affirm that I \_\_\_\_ have/ \_\_\_\_ have not been convicted of a felony.

If yes, felony conviction type \_\_\_\_\_

Date(s): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I have read the above statement and understand falsification of my declaration will be grounds for immediate termination of employment. I further agree to submit to a fingerprint background check as requested to do so by a manager of this care facility.

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laurelwood Representative

\_\_\_\_\_  
Date