

Application for Employment



You're Home

Country Crest Health Center
50 Concordia Lane

Country Crest Retirement
55 Concordia Lane
Oroville, CA 95966

530-533-7857
Fax: 530-533-7887

Country Crest Retirement Community

FOR CONSIDERATION ANSWER COMPLETELY AND ACCURATELY. DO NOT REFERENCE RESUME. IF YOU REQUIRE ACCOMMODATION DUE TO A DISABILITY IN ORDER TO COMPLETE THE APPLICATION PROCESS, PLEASE LET US KNOW WHAT ACCOMMODATION YOU REQUIRE.

Last Name:	First Name:	MI:	Social Security #:
Positions Desired:			
Present Address:			Telephone:
City:			State: ZIP:
Have you applied for work at Country Crest before? If yes, list date(s):			
Email address:			
Name any relatives and/or acquaintances employed by Country Crest:			
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? (Please request a job description if you are unsure) No Yes			
How were you referred to us? Newspaper Employee Other Specify:			
Are you over the age 18? Yes No			
Are you legally authorized to work in the US? (Documentation will be required) Yes No			
Have you ever been convicted of a crime and/or is there any pending criminal charge (felony or misdemeanor) against you which is unresolved? Yes No If yes please explain:			
Shift preferred: Day Nights PM Week-ends Full-time Part-time Temporary			

EDUCATION & TRAINING

School Name / Address	Years	Graduated?	Degree	Major

EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital status, veteran status, or any legally protected status.

Scholastic Honors or Professional Organizations:			
Licensure or Certification:		License or Registration #:	
List any other special courses or training you have completed that you consider relevant to your ability to perform the job for which you are applying:			
Office equipment you can operate:			
Typing speed		Computer Software:	
wpm			
Have you served in the U.S. Armed Forces?		Honorable Discharge:	Dates from: To:
Branch:		Final Rank:	

Employment History*

*Please account for the past ten years.

Name of Employer:		Telephone:	
Address (Street, City, Zip Code):		Immediate Supervisor:	
Employment Dates (Month/Year):	Title:	Starting Salary:	Ending Salary:
Reason for leaving:			
Name of Employer:		Telephone:	
Address (Street, City, Zip Code):		Immediate Supervisor:	
Employment Dates (Month/Year):	Title:	Starting Salary:	Ending Salary:
Reason for leaving:			
Name of Employer:		Telephone:	
Address (Street, City, Zip Code):		Immediate Supervisor:	
Employment Dates (Month/Year):	Title:	Starting Salary:	Ending Salary:
Reason for leaving:			
Name of Employer:		Telephone:	
Address (Street, City, Zip Code):		Immediate Supervisor:	
Employment Dates (Month/Year):	Title:	Starting Salary:	Ending Salary:
Reason for leaving:			

PERSONAL REFERENCES (Do not include Relatives or Employers)

Name and Address	Phone	Years Known

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. I authorize Country Crest Retirement to contact any or all of my former employers, schools, and references for any and all of the following purposes: (a) to verify any information I have provided, and background, and my employment with any former employer. I hereby release Country Crest and my former employer, schools and references, and their respective officers, agents and employees from any and all liability resulting from this disclosure of any such information.
2. I certify that all the information contained in this Application for Employment is true and complete. I understand that if I am employed by Country Crest, any falsification, misrepresentation or omission of any facts on this Application or in any other material furnished by me to Country Crest may result in termination of my employment, whenever discovered.
3. I understand that any offer of employment, if made, depends on satisfactory results in the opinion of Country Crest management, of a post-offer medical examination.
4. I understand that any offer of employment, if made, depends on my providing satisfactory proof in the opinion of Country Crest of my lawful employment status, as required by the U.S. Immigration Reform and Control Act of 1986.
5. I understand and by signing below agree to all of the following, if I am employed by Country Crest: (a) my employment with Country Crest always shall be at the mutual consent of both myself and Country Crest management staff; (b) this means that my employment always shall be on an "at-will" basis – either I or Country Crest management may terminate my employment at will at any time for any reason, with or without good cause and with or without any previous notice or warning; (c) regardless of its length of any pay increase, bonuses, promotions, or commendations, my employment shall never imply its continuation for any particular time or any requirement of good cause for its termination; (d) this means that no one at Country Crest has had or will have any authority whatsoever to change the "at-will" basis of my employment by any oral statement or conduct; and (e) the "at-will" basis of my employment can be changed only by a later written employment contract, signed both by me and the Chief Executive Officer of Country Crest, which has been approved in advance with its effective date by written resolution of the Lake Oroville Country Retirement Board of Directors.

I have read and understand the above.

Applicant Signature	Date

Criminal Background Check Authorization

As a prospective employee of Lake Oroville Country Retirement, Inc., I understand that it is policy to secure a Criminal Background Clearance from the State Department of Justice and the Federal Bureau of Investigation. By signing below I authorize Lake Oroville Country Retirement, Inc., to obtain copies of my Criminal Background Clearance as part of the pre-and-post-employment screening process.

The applicant or employee will be provided with a duplicate copy of the clearance, upon written request.

Applicant's signature

Date

Drug Screening

Informed Consent and Release of Liability

Applicant's Name

Applicant's Consent: I hereby voluntarily agree to complete a pre-employment physical including a urine sample for the purpose of pre-employment drug screening. "I authorize the designated collector to obtain samples of my urine to be analyzed for the presence of controlled substances. I also understand and agree that the results of this test and the physical will be released to:

Lake Oroville Country Retirement

I do hereby release representatives of Lake Oroville Country Retirement, Inc. and California Occupational Medical, their employees, agents, representatives and collector from any and all liabilities arising from the release of, or use of the information derived from or contained in my test results.

My signature below acknowledges that I did read this **entire form**, understand and agree with all statements and conditions outlined in this informed consent release of liability.

Applicant Signature

Date