

An Equal Opportunity Employer

CENTURY CARE

MANAGEMENT

APPLICATION FOR EMPLOYMENT

Please Read Before Filling Out This Application

Century Care Management does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, gender identity, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Century Care Management **intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for thirty (30) days. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

PERSONAL DATA

Name _____ Date _____

Are you 18 years or older? Yes No

Address _____

Telephone # _____ Cell # _____

Have you ever plead guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed or expunged convictions Yes No

If yes, explain: _____

(A "yes" answer to this question does not necessarily preclude consideration for employment).

If related to anyone in our employment, state name, relationship and department _____

Have you ever used another name? Yes No If so, what other names? _____

Is any additional information relative to any change of name, use of an assumed name, or nickname necessary to check on your work and educational records? Yes No

If yes, please explain: _____

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? Yes No

(Please request a job description for the position for which you are applying)

EMPLOYMENT DESIRED

(YOU MUST APPLY FOR A SPECIFIC JOB. DO NOT PUT "ANY POSITION AVAILABLE". IF SO, THIS APPLICATION WILL BE REJECTED.)

Hours I can work: 7 am – 3 pm 3 pm – 11 pm 11 pm – 7 am Other _____

Job Applied For _____ Date You Can Start _____ Salary Desired _____

Have you ever applied here before? Yes No If so, when? _____ Where? _____

SPECIAL SKILLS

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/o any software applications you are proficient in _____

PROFESSIONAL REFERENCES (Not Personal Acquaintances)

Name #1: _____	Phone # _____
Occupation: _____	Time known? _____
Name #2: _____	Phone # _____
Occupation: _____	Time known? _____
Name #3: _____	Phone # _____
Occupation: _____	Time known? _____

PROFESSIONAL / CERTIFIED PERSONNEL

Certificate / License Number _____ Expiration Date _____

Last 4 digits of SS#: (CNA Applicants Only) _____

Has your license ever been suspended, revoked or denied in any state? Yes No If yes, explain: _____

Are you currently under investigation? Yes No If yes, explain: _____

APPLICANT'S STATEMENT AND AGREEMENT

All offers of employment from Century Care Management are contingent upon the successful completion of pre-employment references, drug testing, criminal background investigation, and licensures and education verification (as applicable).

I understand that all applicants must provide documents proving U.S. citizenship or eligibility to work legally in the U.S. within three (3) days of employment.

Pursuant to Century Care Management policies, we may not employ any individual who has been suspended, excluded, debarred or is otherwise ineligible to participate in any federal reimbursement program.

Work Rules. In the event of my employment with Century Care Management, I agree to comply with all rules and regulations of Century Care Management.

Drug/Alcohol Test. I understand that Century Care Management reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. Should I be extended an offer of employment, I understand that I will be scheduled for a drug test prior to my start date. If that test is positive, I will not receive an offer of employment. In the event an offer of employment has already been made, a positive test result may result in the withdrawal of that offer of employment. If I refuse to take the test, my application for employment shall be deemed withdrawn.

COVID-19 Vaccinations. I understand that Century Care Management is committed to high standards of safety and resident care and has implemented multiple measures, to include vaccination, to prevent COVID-19 from spreading within our company and from being transmitted to residents. I understand that Century Care Management will obtain proof of my vaccination status and will keep my vaccination record in a private medical file in accordance with HIPAA and ADA privacy guidelines.

Background Investigation. I understand that Century Care Management consideration of my application includes an investigation such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

At Will Employment. If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by Century Care Management at any time and for any reason whatsoever, with or without good cause at the option of either Century Care Management or myself. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and Century Care Management.

Arbitration: Any controversy or claim arising out of, or relating to, this Pre-Employment Application shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect in the State of North Carolina and judgment upon any arbitration award may be entered into in any court having jurisdiction thereof. The arbitration shall be held in the county where the facility is located.

I hereby authorize Century Care Management, either on its own or by and through an agent, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, such as criminal convictions and background, and further, authorize my present employer or any former employer or any other party, including any Government or law enforcement agency and the references I have listed, to disclose to Century Care Management any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure, except those which would indicate age, race, color, sex, or national origin. In addition, I hereby release Century Care Management, and I understand that false statements or consequential omissions of any kind are sufficient grounds for denying employment or for dismissal.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

I understand that if I have any questions regarding this agreement, I may ask a Company representative before signing.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND AGREEMENTS AND UNDERSTAND THE SAME. MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE	— COMPANY USE ONLY —	DO NOT WRITE BELOW THIS LINE
Disposition _____		Is application complete & signed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Classification _____		Is drug test complete with acceptable results? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Employed _____		Licenses/Certifications verified in good standing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Starting Rate _____ per _____		Criminal Background Check complete? Yes <input type="checkbox"/> No <input type="checkbox"/>
Department _____		Minimum of one work reference checked? Yes <input type="checkbox"/> No <input type="checkbox"/>
Clock # _____		Interview completed? Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
		New employee notification form completed and signed by employee? Yes <input type="checkbox"/> No <input type="checkbox"/>
		National Sex offender registry checked? Yes <input type="checkbox"/> No <input type="checkbox"/>
		OIG Exclusion list checked? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Employee Service Standards Signed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Application information checked by: Name _____ Date _____		