

Mountainview Home Health, LLC
409 N. Second Street
Yakima, WA 98901
(509) 576-0800

Application for Employment

scase@mountainviewhh.org

Qualified applicants receive consideration for employment without discrimination based on age, color, creed, marital status, national origin, race, sex, or the presence of any sensory, physical, or mental disability, veterans status, or any other basis prohibited by federal, state, or local laws.

INSTRUCTIONS: Please complete all information requested on this form. Please type or print clearly. If you wish to supply additional education or work history information, attach a separate sheet. Submitting an application for employment does not guarantee an interview. A resume is optional and is not considered a substitute for any section of the application.

Name _____				
Last	First	Middle	Social Security Number	Today's Date
Address _____				
Street	City	State	Zip	Home Phone
Birthdate for SSI Verification _____			Message Phone _____	
Email Address: _____				
How did you hear about this position? <input type="checkbox"/> Ad <input type="checkbox"/> Website <input type="checkbox"/> MHH Employee _____				
				Name
<input type="checkbox"/> Walk in Job Posting <input type="checkbox"/> Other _____				
Have you any relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate name _____				
Have you been previously employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No _____				
		Date	Under what name	
Are you a U.S. citizen or legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Proof of identity and eligibility to work will be required if you are hired.</i>				
If you read, write or speak a foreign language and would be willing to translate for patients/customers, please list the languages. _____				
Have you been debarred, excluded or are otherwise ineligible for participation in Medicare, Medicaid, or other government payor programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully: _____ _____				
Were you ever discharged for cause, dismissed during probation or have you resigned under pressure or unfavorable circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Have you ever been convicted of a criminal offense or been released from prison? <input type="checkbox"/> Yes <input type="checkbox"/> No A yes answer to this question will not necessarily bar applicant from employment.		
JOB INFORMATION				
Position applied for: _____				
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem Date Available: _____				
Are you willing to work weekends <input type="checkbox"/> Yes <input type="checkbox"/> No On Call after hours (RN) <input type="checkbox"/> Yes <input type="checkbox"/> No				

PROFESSIONAL REGISTRATION

Type of Registration or License	State	Number	Expiration Date

If you don't have a required registration or license, have you applied for one? YES No

If an examination is required, when are you scheduled to take the examination? _____

If you are not licensed in Washington State, have you applied for reciprocity? Yes No

Have you ever had a professional registration/license revoked, suspended or restricted? Yes No

EDUCATION INFORMATION

Type of School	Name and Location of School	Dates Attended	Academic Major/Skill	Graduated Yes/No	Degree Received
High School					
College					
Other Job Related Educ. Or Training In Military Service					

SKILLS / ABILITIES / TRAINING

List skills, training, or experience, which may qualify you for the position(s) desired. Include any special skills from Military service.: _____

Equipment you can operate (computer software you are proficient in, word processing, point of care doc.) _____

List patient care areas in which you have training and/or experience: _____

JOB PERFORMANCE ABILITY

Given your knowledge, skills, education and experience are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes No

Is there any reason you might be unable to meet our work attendance requirements? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

Have you, within the last 12 month, been employed by an agency or organization which serves as a Medicare fiscal intermediary or carrier? Yes No

If yes, please indicate name(s): _____

List all recent employers. List most recent employer first, include any job related military service assignments, volunteer activities, part-time jobs, former jobs and businesses of your own, for at least the last eight (8) years. Attach additional sheets if necessary. Please explain any gaps in employment.

1. Present or Last Employer, Address and Phone Number:	Dates employed (month/yr) Supervisor From: To:	Name of Supervisor
	Final Salary \$	Reason for Leaving:
Job Title/Description:		

2. Present or Last Employer, Address and Phone Number:	Dates employed (month/yr) Supervisor From: To:	Name of Supervisor
	Final Salary \$	Reason for Leaving:
Job Title/Description:		

3. Present or Last Employer, Address and Phone Number:	Dates employed (month/yr) Supervisor From: To:	Name of Supervisor
	Final Salary \$	Reason for Leaving:
Job Title/Description:		

Salary Expectations: _____

Ability and willingness to work overtime, various shifts

Yes No Please explain _____

Yes with exceptions. Please explain _____

Did you work for any of the above employers under a different name? If so, please circle which ones(s):

1 2 3 4

Give your previous name: _____

PROFESSIONAL REFERENCES (other than relatives)

Please give three references who have good knowledge of your work.

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>	<u>Number of Years Known</u>
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- 1.
- 2.
- 3.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I understand that my employment will be contingent upon proof of citizenship or alien registration, and upon the checking of references.

In consideration of my employment, I agree to conform to the rules and regulations of Mountainview Home Health, LLC. I understand that my employment and compensation can be terminated with or without notice at anytime, at the option of either the company or myself.

I understand that no manager or representative, other than the CEO or Governing Board, has any authority to enter into agreement contrary to this. Any agreement for employment for any specified period of time with the CEO or Governing Board must be in writing and signed.

I consent and authorize Mountainview Home Health, LLC and its personnel to investigate all information concerning my previous employment, education and background including records of law enforcement, federal and state agencies. I authorize the Registrar/Placement Office of all educational institutions attended to release in official copy of my transcript, and, if available, faculty appraisals. I authorize any appropriate licensing board to release full information concerning my licensure status and licensure history. I authorize any prior employers to provide such information concerning my employment with them as may be requested. I therefore release all parties and persons connected with any request for information from all claims, liabilities and damages, for whatever reason arising out of furnishing said information.

I understand that if offered a position with Mountainview Home Health, LLC, I will be required to submit to a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with or any attempt to affect the results of this pre-employment check will result in withdrawal of any employment offer or termination of employment if already employed. By submitting the Application for Employment, I hereby consent to said check.

If employed, I further agree that if Mountainview Home Health, LLC advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or I am indebted to the company at the time my employment ends, or if I lose, damage or fail to return any company property, **I authorize the company to deduct from my wages sufficient funds to repay such loans, advances, indebtedness, or to replace its property in order to satisfy any unpaid obligations.**

Signature of Applicant

Date

This application for employment will be kept in an active file for six calendar months. During this period, an individual will be considered for the job in which he/she indicated an interest on this application, subject to existing vacancies. After the six calendar month period, all applications will be placed in an in-active file and will not be used for hiring purposes.

Any individual may continue to reapply at the company every six months to maintain his/her status in the active file.

DISCLOSURE STATEMENT

Pursuant to the requirements of RCW – 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against children or other persons:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Arson First degree	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	Assault First, Second or Third degree	<input type="checkbox"/>	<input type="checkbox"/>	Manslaughter First or Second degree
<input type="checkbox"/>	<input type="checkbox"/>	Assault Fourth degree (Simple Assault)	<input type="checkbox"/>	<input type="checkbox"/>	Murder First or Second degree
<input type="checkbox"/>	<input type="checkbox"/>	Assault on a Child, First, Second, or Third degree	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Burglary First degree	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Child Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Prostitution First degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Child Buying or Selling	<input type="checkbox"/>	<input type="checkbox"/>	Rape, First, Second or Third degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Molestation First, Second or Third degree	<input type="checkbox"/>	<input type="checkbox"/>	Child Rape, First, Second/Third degree
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a Minor	<input type="checkbox"/>	<input type="checkbox"/>	Robbery First or Second degree
<input type="checkbox"/>	<input type="checkbox"/>	Crimes related to drugs as defined in RCW.43.43.830	<input type="checkbox"/>	<input type="checkbox"/>	Selling or Distributing Erotic Material to a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Mistreatment First or Second degree	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Misconduct with a Minor First or Second degree
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Theft First, Second or Third degree
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Interference First or Second degree	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Extortion First, Second or third degree	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide (negligent homicide)
<input type="checkbox"/>	<input type="checkbox"/>	Felony Indecent Exposure	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Forgery	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Restraining order
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>	Or any other of these crimes as they may have been renamed or that is equivalent in any State
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties			

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Have you ever been found in a :

- Dependency action to have neglected or sexually assaulted/abused or exploited any minor or adult person or to have physically abused any minor? □Yes □No
- Domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused a minor? □Yes □No
- Disciplinary board final decision to have neglected or sexually or physically abused or exploited any minor or adult person? □Yes □No
- Court or State licensing board action to have neglected or sexually abused or exploited any minor or adult person? □Yes □No
- Disciplinary board final decision to have abused or financially exploited any person 60 years or older who has a functional, mental or physical inability to care for himself or who is a patient in a state hospital? □Yes □No
- Protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself who is a patient in a state hospital? □Yes □No

Has it been determined by any state agency or department that you have abused, neglected or Exploited anyone?

Yes No

Has a court issued any order of protection against you for abuse or exploitation?

Yes No

Have you ever had a license to care for children or adults denied, revoked or suspended?

Yes No

If your answer is "yes" to any of these questions, please describe and provide the date(s) of the findings(s) and the penalty(ies) imposed.

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for him or herself or who is a patient in a state hospital?

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | First, Second or third degree Extortion | <input type="checkbox"/> | <input type="checkbox"/> | First, Second, or Third degree Theft |
| <input type="checkbox"/> | <input type="checkbox"/> | First or Second degree Robbery | <input type="checkbox"/> | <input type="checkbox"/> | Forgery |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed |

If your answer if "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol, Intellicorp & other states.

Signature _____
Name (print) _____
Date _____

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system, a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse and disciplinary board final decisions. Intellicorp is used to verify your DMV record for our liability insurance. A driving standard of no more than two tickets in the past three years and no DWI, DUI or reckless driving convictions must be upheld. If you are hired before these reports are available. **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF SATISFACTORY REPORTS.**

You will be notified of the State Patrol's & Intellicorp's responses within ten days after we receive the report. We will make a copy of the report available to you upon your request.