



Application for Employment

Thank you for your interest in working at The Wesleyan. We appreciate your application and look forward to the possibility of you joining our team.

Please complete the attached application and authorization for release of information forms. Please print all information so it may be easily read. Be certain all forms are completely filled out and signed. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Please note the following:

- The Wesleyan does not subscribe to worker's compensation insurance under the Texas Department of Insurance, Division of Workers' Compensation. We handle employee injuries that occur on the job through our own managed care approach to health benefits.
- Your application will remain in our active files for a period of six months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for a position, an interview will be arranged. Please notify us in writing if your address or telephone number changes.
- It is the policy of The Wesleyan to employ qualified applicants without regard to race, color, religion, national origin, sex, age or disability. Completion of the EEO Data Sheet is important and the information received is for record keeping purposes only.
- If you are applying for an unlicensed position and will have direct contact with our residents in the nursing home, Texas law requires us to conduct a criminal background investigation. We are also required to check the Employee Misconduct Registry maintained by the Texas Department of Aging and Disability Services. We cannot employ persons listed on this registry.
- Individuals found to have convictions relevant to the list below may not be employed in a nursing home in the state of Texas.

Criminal Homicide
Kidnapping and Unlawful Restraint
Indecency with a Child
Indecent Exposure
Continuous sexual abuse of young child or children
Sale or Purchase of a Child
Online solicitation of a minor
Agreement to Abduct from Custody
Abandoning or Endangering a Child
Improper relationship between educator and student
Improper photography or visual recording
Deadly conduct

Cruelty to Animals
Terroristic Threat
Aiding Suicide
Arson
Sexual or Aggravated Assault
Aggravated Sexual Assault
Robbery or Aggravated Robbery
Injury to a Child, an Elderly or Disabled Individual
Felony Theft within the past 5 years
Money Laundering
Medicaid Fraud
False Identification as a Peace Officer
Disorderly Conduct

A conviction under the laws of another state, federal law, or Uniform Code of Military Justice for an offense containing elements which are substantially similar to the elements of one of the above listed offenses.

Communities and Programs of The Wesleyan

The Wesleyan Skilled Nursing and Rehabilitation

4011 Williams Dr. Georgetown, TX 78628
Phone: 512-868-2700; Fax 512-868-2999

The Wesleyan Assisted Living

109 Estrella Crossing, Georgetown, TX 78628
Phone: 512-863-2528; Fax: 512-869-2687

The Wesleyan Independent Living

210 White Heron Drive, Georgetown, TX 78628
Phone: 512-863-2528; Fax: 512-869-2687

The Wesleyan Home Health

139 Estrella Crossing, Georgetown, TX 78628
Phone: 512-869-5800; Fax: 512-869-2494

The Wesleyan Hospice

139 Estrella Crossing, Georgetown, TX 78628
Phone: 512-863-8848; Fax: 512-863-3117

PERSONAL INFORMATION

Name _____ Date _____

Other names used (i.e., maiden name) _____

If hired, preferred name on ID badge _____

Address _____ Phone # () _____

City _____ State _____ Zip code _____

E-mail Address _____

Position for which you are applying _____

Location

- Independent Living Assisted Living Skilled Nursing & Rehabilitation
 Home Health Hospice

Are you authorized to work in the U.S.? Yes _____ No _____

Are you 18 or older? Yes _____ No _____

Have you ever been convicted or sentenced to probation or deferred adjudication for a felony or misdemeanor? Yes _____ No _____

If yes, please explain, including date: _____

If referred by a current employee, please give name: _____

Have you worked at the Wesleyan previously? Yes _____ No _____

If yes, please include dates worked _____

<u>Education</u>	<u>Name and Location</u>	<u>Circle Year Completed</u>	<u>Did you graduate?</u>
High School _____		1 2 3 4	Yes No
College _____		1 2 3 4	Yes No
Trade, Business or Vocational _____		1 2 3 4 _____	Yes No

Subject studied & degree received: _____

U.S. Veteran? Yes _____ No _____ Dates of service: _____

Nature of duty or training: _____

Other job-related skills: _____

Professional License and/or Certifications (include #) _____

Type of Work	Shift	Salary desired
1 st choice _____	_____	_____
2 nd choice _____	_____	_____
3 rd choice _____	_____	_____

Date available _____ Full-time _____ Part-time _____

Are you willing and able to work?

Weekends? Yes _____ No _____

Holidays? Yes _____ No _____

Rotating shifts? Yes _____ No _____

Indicate shift preference: Day _____ Evening _____ Night _____

What are your reasons or goals for seeking the position(s) you have indicated?

Would you be willing to work on an "as needed, on call" basis before being considered for a full-time position? Yes _____ No _____

Can you meet the regular attendance requirements? Yes _____ No _____

If applying for a position requiring a Commercial Drivers License:

TDL # _____ Exp. Date _____

List all moving violations in the last five (5) years: _____

The Wesleyan complies with federal and state disability laws and makes reasonable accommodations for applicants and employees with disabilities. If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact Human Resources at 737-238-3038 or recruiting@wesleyanhomes.org.

EMPLOYMENT RECORD

Are you currently employed? Yes _____ No _____ We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? No _____ Yes _____ If yes, please explain: _____

LIST PREVIOUS EMPLOYMENT INFORMATION

Current or Last Employer:

Company _____ Phone # () _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip code _____

Position _____ Supervisor _____

Duties _____

Reason for leaving _____

Next Previous Employer:

Company _____ Phone # () _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip code _____

Position _____ Supervisor _____

Duties _____

Reason for leaving _____

Next Previous Employer:

Company _____ Phone # () _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip code _____

Position _____ Supervisor _____

Duties _____

Reason for leaving _____

Next Previous Employer:

Company _____ Phone # () _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip code _____

Position _____ Supervisor _____

Duties _____

Reason for leaving _____

Next Previous Employer:

Company _____ Phone # () _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip code _____

Position _____ Supervisor _____

Duties _____

Reason for leaving _____

Next Previous Employer:

Company _____ Phone # () _____

Address _____ Dates of Employment _____ to _____

City _____ State _____ Zip code _____

Position _____ Supervisor _____

Duties _____

Reason for leaving _____

Please explain all periods of unemployment _____

Have you ever been terminated from employment? Yes _____ No _____

If so, please explain

Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills that would assist us in placing you:

REFERENCES

1. Name _____ Occupation _____
Home () _____
Address _____ Phone # Work () _____
City _____ State _____ Zip code _____ Years known _____

2. Name _____ Occupation _____
Home () _____
Address _____ Phone # Work () _____
City _____ State _____ Zip code _____ Years known _____

3. Name _____ Occupation _____
Home () _____
Address _____ Phone # Work () _____
City _____ State _____ Zip code _____ Years known _____

4. Name _____ Occupation _____
Home () _____
Address _____ Phone # Work () _____
City _____ State _____ Zip code _____ Years known _____

I certify that all information given on this application is true, correct and complete. I also certify that I have not been convicted of an offense listed on the introductory page of this application that would preclude by state law my employment at the Wesleyan Nursing Home. I understand that if the Department of Public Safety records indicate that I have convicted an offense that makes me unemployable in this facility, I will be terminated.

I further certify that I have not been excluded from participating in federal healthcare programs as defined by Health and Human Services, Office of the

Inspector General. I have accounted for all of my work experience for the past ten years on this application.

I understand that any initial employment by this facility will be on a one hundred eighty (180) day introductory basis. If employed by Wesleyan Homes, Inc., I agree to abide by its rules and regulations. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor or the facility administrator.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal if employed. I authorize any inquiry to be made on any information contained in this application. I understand that employment may be conditioned upon a favorable health evaluation. I agree to take a physical examination at any time, at the request of this facility, and agree that the examining physician may disclose the findings to this facility or an authorized agent of this facility

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if employed, such employment is at will, for an indefinite period, and subject to change in wages, conditions, benefits and operating policies.

Signature

Date