

# BestCare Assisted Living

Mail to:  
P.O. Box 577  
Manchester, MD 21102-0577  
Or Fax to: 410-374-3367

THE COMPANY WILL CONSIDER THIS APPLICATION ACTIVE FOR THE POSITION APPLIED FOR 3 MONTHS AFTER RECEIPT. THEREAFTER YOU MUST REAPPLY IF YOU CONTINUE TO BE INTERESTED IN EMPLOYMENT.

PLEASE READ CAREFULLY. ANSWER ALL QUESTIONS. PRINT CLEARLY IN INK. IF A CURRENT, TYPED RESUME IS AVAILABLE, PLEASE ATTACH IT AND FILL IN ONLY THE FIRST PAGE OF THIS APPLICATION AND SIGN THE LAST PAGE.

Today's Date	Have you ever been employed by BestCare Assisted Living?
	No                      Yes:                      Position:                      Date:                      to

## PERSONAL INFORMATION

Last Name	First Name	Middle	SSN or Tax ID:
Home Address: Street, City, State, ZIP			
Email:	Phone:	Are you 18 years of age or older?	
		Yes                      No	
Are your employment references, educational references, or personal references under any other name?			
Can you submit verification of your legal right to work in the United States should your application be accepted?			
Yes		No	
Have you ever been convicted of a felony, misdemeanor, or any type of Medicare or Medicaid fraud or abuse?			
Yes    Details:		No	
Have you ever had a certificate or professional license, related to the position applied for, revoked, suspended, or receive disciplinary action from a state agency?			
Yes    Details:		No	
How did you hear about BestCare Nurses?			
Advertisement	Employee Referral – Who?:	Other:	

## JOB INTEREST

Position Desired	Date Available	Desired Wage
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## DATES AND HOURS PREFERRED

Full Time	Part Time	Days	Evenings	Nights	Weekends
Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No

**Are there any days/times when you are NOT available? List all below:**

## EDUCATIONAL RECORD

Circle Highest Grade completed:			Circle Highest College Years Completed											
6	7	8	9	10	11	12	1	2	3	4	5	6	7	8
Name, City, State of schools attended			Major Field		Degree		Years: To - From		Graduation Date					
High School														
College or University														
Technical or Vocational School														

## PROFESSIONAL LICENSES / CERTIFICATIONS

Type and Number	State Issued	Date Issued	Expires on

## OUTSIDE INTERESTS: WORK RELATED

Please list job related organization, clubs, professional societies, or other associations to which you belong. (You may omit those that indicate race, religious affiliation, creed, color, national origin, sex, or disability).

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## PROFESSIONAL REFERENCES

List 3 professional references not related to you whom you have worked with in the past 5 years.

Name			Relationship		Years Known	
Address					Phone	
Name			Relationship		Years Known	
Address					Phone	
Name			Relationship		Years Known	
Address					Phone	

## WORK HISTORY

May we contact your current employer?	Yes	No
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**List your last or present employer first and account for any lapse of time between employment. List at least two employers or employment history of 5 years whichever is greater.**

Employer		Employment Dates: From: _____ To: _____	
Address: street, city, state			Phone
Positions/titles held	Starting wage	Ending wage	
Supervisor's name and title	Administrator or manager name		
Briefly describe your duties:			
Reason for leaving			

Employer		Employment Dates: From: _____ To: _____	
Address: street, city, state			Phone
Positions/titles held	Starting wage	Ending wage	
Supervisor's name and title	Administrator or manager name		
Briefly describe your duties:			
Reason for leaving			

Employer		Employment Dates: From: _____ To: _____	
Address: street, city, state			Phone
Positions/titles held	Starting wage	Ending wage	
Supervisor's name and title	Administrator or manager name		
Briefly describe your duties:			
Reason for leaving			

**EMPLOYMENT UNDERSTANDING (Please Read and Sign)**

This corporation does not discriminate in hiring or any other decision on the basis of race, color, sex, nationality, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

**YOU AGREE TO THE FOLLOWING:**

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take a physical examination, drug screening test, and such future physical examinations as may be required by this institution at such times and places as relates to essential duties I would be required to perform.

I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, and unsatisfactory result of drug screening test, or an unsatisfactory result of a criminal background check, or an unsatisfactory result of the prescribed physical examination which reveals that I cannot perform the essential functions of my job with our without accommodation may prevent or result in termination of employment.

I understand that employment with BestCare Assisted Living is at will and that either BestCare Assisted Living or I may terminate the employment relationship at any time, with or without cause. I further understand that neither this application nor any other BestCare Assisted Living communication I may receive constitutes an employment contract or guarantee.

I authorize BestCare Assisted Living to share all personal employment records to regulatory agencies, upon their request. I agree to allow Bestcare Assisted Living to process a criminal background investigation.

**DRUG FREE POLICY:** I understand that BestCare Assisted Living is a DRUG FREE workplace/environment. Unsatisfactory compliance with BestCare Assisted Living's Drug Free Policy will result in termination. I agree to take a 5 panel drug test if required prior to accepting employment with BestCare Assisted Living.

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Applicant's Signature

Date

**ADDITIONAL COMMENTS**

PLEASE ATTACH A COPY OF YOUR CPR CARD, OTHER LICENSES, DRIVER'S LICENSE, AND SOCIAL SECURITY CARD