

Golden Options Care, LLC
Assisted Living and In-Home Care
12 Bessler Rd.
Montana City, MT 59634

APPLICATION

Name: _____ Social Security No: _____
(PLEASE PRINT)

Present Address: _____

Telephone No.: _____ Date: _____

Person to be notified in case of emergency: _____

Address or phone #: _____

Have you ever been employed by Golden Options Care before? _____ If yes, give dates _____	
Position desired: _____	I will work: Full _____ Part _____ Temp _____
Other positions for which you may be qualified: _____	

APPLICANT DATA RECORD

Referral Source	_____ Employee Referral	_____ Recruitment Agency
	_____ Internet Response	_____ Television Ad Response
	_____ Newspaper Ad	_____ Trade/Professional Journal
	_____ Radio Ad	_____ Walk-In

<p>Have you been convicted of a crime? (For purposes of answering this question, a conviction includes a finding of guilty, a plea of guilty, a plea of "no contest" or its equivalent, or a forfeiture of bond. A "crime" includes any criminal offense, misdemeanor or felony, with the exception of parking tickets and traffic offenses if: (1) the traffic offense was committed more than three years before the date of this application; <u>and</u> (2) the penalty imposed for the traffic offense was a monetary fine of less than \$100.) (A conviction does not automatically disqualify you from employment, however, failure to accurately answer this question could jeopardize employment):</p> <p>___ Yes ___ No If yes, explain _____</p>

Professional Registry/License: _____ Number: _____

State/Organization which issued: _____ Date of last issue: _____

MEMBERSHIP: In Civic, Professional or Social organizations you feel are applicable to the position applied for (exclude those which may disclose your race, color, religion, national origin, creed, sex, age, marital or veteran status, or a physical or mental disability) _____

EDUCATION: Please include names of colleges, vocational, certifications, technical and/or graduate schools, dates attended, degrees granted or studies completed that you feel relate to the position for which you are applying.

WORK EXPERIENCE:

List below your most recent past and present employment, beginning with the most recent:

Name/address of Company Type of Business	From		to		Describe your job duties/responsibilities
	Mo	Yr	Mo	Yr	
_____ _____ _____ Phone: _____ May we contact? _____					Starting wage: _____ Ending Wage _____ Reason for leaving: _____ _____ Supervisor's Name _____

Name/address of Company Type of Business	From		to		Describe your job duties/responsibilities
	Mo	Yr	Mo	Yr	
_____ _____ _____ Phone: _____ May we contact? _____					Starting wage: _____ Ending Wage _____ Reason for leaving: _____ _____ Supervisor's Name _____

Name/address of Company Type of Business	From		to		Describe your job duties/responsibilities
	Mo	Yr	Mo	Yr	
_____ _____ _____ Phone: _____ May we contact? _____					Starting wage: _____ Ending Wage _____ Reason for leaving: _____ _____ Supervisor's Name _____

PERSONAL REFERENCES (NOT former employers or relatives)

<u>Name & Occupation</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I voluntarily give GOLDEN OPTIONS CARE the right to make an investigation of my past employment as specified above, other activities related to the position for which I am applying and a background check and agree to cooperate in such an investigation. I give permission for GOLDEN OPTIONS CARE to obtain information about me from the present and past employers and personal references unless otherwise noted above. I understand that some positions may require specific licensing or other credentials, and that, if hired, continued employment will be based on satisfactory completion of all required licensing. I certify that all information provided on this application and other papers is correct to the best of my knowledge, and that if it should be found that any information presented is untruthful, it may jeopardize my hiring or continued employment. I further understand that GOLDEN OPTIONS CARE is committed to equal employment opportunity and does not unlawfully discriminate on the basis of race, religion, creed, sex, age, color, national origin, disability martial or veteran status. I understand that if I am employed by GOLDEN OPTIONS CARE I may be scheduled for any shift or work unit necessary in order to properly staff. I understand that if I am employed by GOLDEN OPTIONS CARE the first three (3) months will be a probationary period. I further understand that employees within the probationary period may be terminated at will, on notice to the employee, and for any reason considered sufficient by GOLDEN OPTIONS CARE.

Applicant's Signature

AVAILABILITY RECORD

Services are provided 24 hours per day, 7 days a week. These duties may include transfer assistance, dressing, bathing, meal preparation, housekeeping, transportation, etc.

Please indicate with an (X) any extensive experience you may have with the following:

Any type client Male Female Elderly Children
 Physically disabled other disabilities

Please provide a brief explanation: _____

Rank in order of your preference, which shift you like best & which lease: (1 = best, 2= second choice, 3= last choice): Mornings/Days: _____ Afternoon/evening: _____ Nights: _____

Would you prefer to work: _____ Every weekend with 2 days off during the week, or,
_____ Every other weekend

Will you be available for emergency call in? Yes No

Are there any shifts/times/days you are not able to work: _____
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Training Experiences:

Please indicate below what training experiences you have had relating to personal care services. This might involve direct on the job training, special training sessions, school, other work experiences like hospital or nursing home aide work, LPN training, etc. Be as specific as possible as to what the training involved, where it was, who provided it, etc. _____

What do you consider some of your strengths for this position? _____

What areas would you like to see some training to improve your skills? _____

Affirmative Action Survey
(This portion is voluntary)

Government Agencies require periodic reports on the sex, ethnicity, disabled, and veteran status of applicants. This data is for analysis and reporting only, and will not be used as a part of your screening process. We appreciate your cooperation.

Check One: _____ Female _____ Male

Check this applicable category (one only): _____ White _____ Black
_____ Hispanic _____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:
_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individuals

GOLDEN OPTIONS CARE, LLC

JUSTICE DEPARTMENT RECORD CHECK

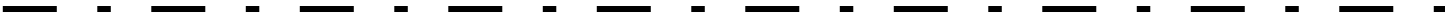
I understand that GOLDEN OPTIONS CARE, LLC will be performing an investigation of my background and activities related to the position for which I am under consideration, and I agree to cooperate with such an investigation.

I also understand that hiring, or continued employment, may be based on satisfactory background checks. Part of this background check includes a criminal record check with the Department of Justice required by GOLDEN OPTIONS CARE, LLC's contract with the Department of Health and Human Services. I understand that the Department of Justice will not perform such a check without my social security number and date of birth and that my date of birth will only be used to obtain the record check from the Department of Justice, and not for any other purpose.

_____ Date
Applicant Name (print)

_____ Social Security Number
Street Address

_____ City, State, Zip Code



DATE OF BIRTH: _____
Month Day Year

Please Note: The information below the dashed line will be destroyed by GOLDEN OPTIONS CARE, LLC staff upon completion of the criminal background check.