

Employment Application

Place a mark next to the facility of company that you would prefer to work. If you are applying to multiple facilities, indicate the order of your preference.

- | | | |
|---|---|--|
| <input type="checkbox"/> Agapé Hospice | <input type="checkbox"/> Agapé Senior Management Services | <input type="checkbox"/> AMS Ambulance |
| <input type="checkbox"/> Agapé Pharmacy | <input type="checkbox"/> Agapé Senior Primary & Palliative Care | <input type="checkbox"/> Exit Agapé Properties |
| <input type="checkbox"/> Agapé Medical Mart | <input type="checkbox"/> Agapé Senior Post-Acute Care Center | <input type="checkbox"/> GMM Insurance |
| <input type="checkbox"/> Agapé Senior Assisted Living | | <input type="checkbox"/> Other: _____ |

Name (Last, First, MI):	Today's Date:
-------------------------	---------------

Address:

City:	State:	Zip Code:
-------	--------	-----------

Phone Number:	Alternate Phone Number:
---------------	-------------------------

Desired Position:				
<input type="checkbox"/> Administration	<input type="checkbox"/> Activities	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Clerical	<input type="checkbox"/> CNA
<input type="checkbox"/> LPN	<input type="checkbox"/> RN	<input type="checkbox"/> Dietary	<input type="checkbox"/> Environmental Services	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Paramedic/EMT	<input type="checkbox"/> Therapist	<input type="checkbox"/> Other:	

Shift Desired: <input type="checkbox"/> 12 hour (7am – 7pm) <input type="checkbox"/> 12 hour (7pm – 7am)	<input type="checkbox"/> Full-Time
Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Part-Time
Hours Available: _____	<input type="checkbox"/> PRN

Are you currently employed?	May we contact your current employer?
------------------------------------	--

Social Security Number:	Wage/Salary Request:	Date Available to Begin:
--------------------------------	-----------------------------	---------------------------------

Which Region(s) of South Carolina are you interested in working in:	
<input type="checkbox"/> Grand Strand (Myrtle Beach Area)	<input type="checkbox"/> Pee Dee (Florence Area)
<input type="checkbox"/> Lowcountry (Beaufort Area)	<input type="checkbox"/> Piedmont (Rock Hill Area)
<input type="checkbox"/> Midlands (Columbia Area)	<input type="checkbox"/> Upstate (Spartanburg Area)

Agapé Senior is an equal opportunity employer.

Education & Employment

Name of School	Location		
High School		Laste Grade Completed 9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
Vocational / Technical		Major	Degree
College / University		Major	Degree
Graduate		Major	Degree
Other Education		Major	Degree / Certificate
Other Education		Major	Degree / Certificate

Have you ever been employed by an Agapé Senior entity: Yes No

If yes, which Agapé Senior entity: _____

Reason for separation from previous Agapé Senior employment:

If employment was under another name, provide the name used:

Have you ever been discharged by an employer? Yes No

If "Yes", please provide the date, reason, and employer name and phone number:

Prior Convictions / Sanctions

Have you ever been convicted of a felony? Yes No

Have you ever been sanctioned or reprimanded in any way by a government body related to healthcare (DHEC, DHHS, OIG, etc.), convicted of a criminal offense related to healthcare, or listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in a federal funded healthcare program?? Yes No

If you answered "Yes" to one or both of the questions above, please list all prior convictions / sanctions with their date of issue:

Date	Convictions / Sanctions

Employment History

Start Date:	End Date:	Name & Title of Immediate Supervisor
Starting Salary:	Ending Salary:	Your Position or Title
Name of Most Recent Employer:		Your Duties and Responsibilities:
Phone Number:		
Address:		Reason for leaving:

Employment History

continued...

Start Date:	End Date:	Name & Title of Immediate Supervisor
Starting Salary:	Ending Salary:	Your Position or Title
Name of Most Recent Employer:		Your Duties and Responsibilities:
Phone Number:		
Address:		Reason for leaving:

Start Date:	End Date:	Name & Title of Immediate Supervisor
Starting Salary:	Ending Salary:	Your Position or Title
Name of Most Recent Employer:		Your Duties and Responsibilities:
Phone Number:		
Address:		Reason for leaving:

Start Date:	End Date:	Name & Title of Immediate Supervisor
Starting Salary:	Ending Salary:	Your Position or Title
Name of Most Recent Employer:		Your Duties and Responsibilities:
Phone Number:		
Address:		Reason for leaving:

Applicant Agreement

Important Information - Read Carefully

I understand the Immigration Reform Act of 1986 requires that, if hired, I must present on my first day of employment, but no later than 3 days from my first day of employment, documents to verify my legal right to work in the United States.

I hereby certify that all information provided here by me and on the attached resumé is true and correct, and I understand that giving false or misleading information may result in the refusal to hire me or in the subsequent termination in my employment.

I understand if salaried, my salary commitment is based on a yearly salary schedule. I will comply with the policies and procedures of Agapé Senior.

I understand the number of hours I will be required to work may vary from week to week. I also understand that I may be required to work different shifts as needed.

I authorize persons, companies, schools and colleges shown on my employment application to give any information regarding my employment and academic records, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from any liability for any damage whatsoever for issuing this information.

I understand that an offer of employment to work at Agapé Senior is contingent upon the completion of a successful background check, a clean drug screen, and/or other necessary screens as required.

By signing below, I certify I have never been sanctioned by a government body related to healthcare, convicted of a criminal offense related to healthcare, or listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in a federal funded healthcare program.

I understand, if hired, I will be required to hold Agapé Senior's confidential and/or proprietary information and any information concerning residents of Agapé Senior confidential and will not disclose it to any person or entity not affiliated with Agapé Senior throughout my employment and thereafter.

I understand, if hired, my employment will be at-will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Agapé Senior or myself. My signature below affirms my awareness that this is the final understanding between myself and Agapé Senior on the subject and that there can be no modification or agreement contrary to the at-will provision, unless in writing and signed by both parties.

I have read and understand the above statements and agree that a photocopy of any authorization made by me on this application shall be as valid as the original.

Signature

Date

Thank you for your interest in employment with Agapé Senior.

Employment References

Date of Employment: _____

Person to Contact: _____

Position/Title: _____

Organization: _____

Telephone Number: _____

Date of Employment: _____

Person to Contact: _____

Position/Title: _____

Organization: _____

Telephone Number: _____

Date of Employment: _____

Person to Contact: _____

Position/Title: _____

Organization: _____

Telephone Number: _____

Date of Employment: _____

Person to Contact: _____

Position/Title: _____

Organization: _____

Telephone Number: _____