



Our mission is to provide the frail elderly person a quality of life that ensures a home in the community, comprehensive care, dignity and choices in a nurturing environment.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity / Affirmative Action Employer

In accordance with the Americans with Disabilities Act and its amendments, and applicable state laws, qualified individuals with disabilities may request at any time, orally or in writing, reasonable accommodations during the application process.

(Please Print)

| PERSONAL DATA | | | |
|---|------------------|----------------|---|
| | | | Today's Date _____ |
| Last Name _____ | First Name _____ | Middle _____ | Social Security Number (Optional) _____ |
| Mailing Address: Street Number and Name _____ | | | Telephone Number _____ |
| City _____ | State _____ | Zip Code _____ | Alternate Number _____ |
| Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

This Application for Employment shall be considered for a period of time not to exceed 90 calendar days. A completed Application for Employment must be submitted in a timely manner in order to receive consideration for the position listed below as applying for.

Position applying for (list only **one position per application**): _____

Specify type of work (Mark all that apply.): Full Time Part Time PRN Temporary

When are you available to begin work? _____

Have you ever been employed at Bienvivir All-Inclusive Senior Health™ or any of its affiliates, in any capacity? Yes No

If hired, do you have reliable transportation? YES NO

If the position requires driving, do you have a valid driver's license? YES NO

How did you become aware of the position for which you are applying for?

El Paso Times Careerbuilder.com Bienvivir website Walk-in Agency Friend Relative Other

Bienvivir All-Inclusive Senior Health™ is an Equal Opportunity Employer / Affirmative Action Employer and does not discriminate in its hiring practices on the basis of race, color, religion, sex, national origin, age, sexual orientation, gender identity, physical or mental disability, genetic information, Vietnam Era or Special Disabled Veteran status, or any other characteristic protected by law.

ADDITIONAL INFORMATION

Criminal History Search: In accordance with the Texas Health and Safety Code, Chapter 250, Section 250.006 and regulations established by the Texas Department of Health and Human Services, Bienvivir All-Inclusive Senior Health™ is required to conduct a criminal history search and an employability investigation on applicants for employment. A conviction record does not necessarily disqualify an applicant from consideration for employment.

1. Have you ever been discharged or asked to resign from any job? Yes No

If YES, please explain.

2. Have you received any traffic citations in the past three (3) years? (For "Drivers" only.) Yes No

If YES, please explain.

EDUCATION AND TRAINING (Proof of the highest level of education may be requested if offered employment.)

| | Name and Address of School | Years Completed | Course of Study | Diploma/Degree |
|---------------------------|----------------------------|-----------------|-----------------|----------------|
| High School or Equivalent | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Trade/Vocational | | | | |
| Other Specify | | | | |

EMPLOYMENT HISTORY

This section must be completed in full. Resumes will not substitute for any information on the application.

Are you presently employed? Yes No

May we contact your present employer? Yes No

List all work experience with your current or most recent job first. List experience that would qualify you for the position for which you are applying for. If you need more space, you may use additional paper.

Employer _____ Telephone _____

Address _____

Job Title _____ Salary (Optional) _____

Duties _____

Supervisor's Name _____ Supervisor's Title _____

Dates of employment ____ / ____ / ____ to ____ / ____ / ____ Total time ____ years ____ months

EMPLOYMENT HISTORY continued.....

Employer _____ Telephone _____

Address _____

Job Title _____ Salary (Optional) _____

Duties _____

Supervisor's Name _____ Supervisor's Title _____

Dates of employment ____ / ____ / ____ to ____ / ____ / ____ Total time ____ years ____ months

Employer _____ Telephone _____

Address _____

Job Title _____ Salary (Optional) _____

Duties _____

Supervisor's Name _____ Supervisor's Title _____

Dates of employment ____ / ____ / ____ to ____ / ____ / ____ Total time ____ years ____ months

Employer _____ Telephone _____

Address _____

Job Title _____ Salary (Optional) _____

Duties _____

Supervisor's Name _____ Supervisor's Title _____

Dates of employment ____ / ____ / ____ to ____ / ____ / ____ Total time ____ years ____ months

If you have not done so in your Employment History, document your experience working with the frail or elderly population.

Please use the space below for any additional information necessary to describe your qualifications or skills in full. (i.e. special equipment, computer software programs, typing speed, licenses, certifications, accomplishments, awards, etc.).

REFERENCES (Please do not list any relatives.)

| Name and Occupation | Address | Telephone Number |
|---------------------|---------|------------------|
| | | |
| | | |
| | | |

ADDITIONAL REMARKS. If a license, certificate, or other authorization is required by the position for which you are applying for, submit the documentation along with your completed application.

➤➤➤ Please do not sign before reading and understanding the following information. ⚡⚡⚡

I hereby certify that all the information, statements, and representations made in this application for employment are true and correct to the best of my knowledge and that I have withheld nothing which would if disclosed, adversely affect my application. I understand and agree that any misrepresentation or omission of facts in this application will be sufficient cause and grounds for disqualification of my application and/or termination of employment, if such misrepresentation or omission of facts is discovered at any time after my employment by Bienvivir All-Inclusive Senior Health™. I authorize Bienvivir All-Inclusive Senior Health™ to investigate any and all information, statements, and representations in this application in considering my application for employment. I authorize Bienvivir All-Inclusive Senior Health™ to contact all relevant employers, persons, educational institutions and other entities for reference purposes, employer's verification of my prior employment history, criminal record and background information, and hereby release Bienvivir All-Inclusive Senior Health™ from any and all liability, including liability arising from the negligence of the persons and entities who furnish information pertaining to my references, prior employment history, criminal record and background information.

I have been advised that in accordance with the Texas Health and Safety Code, Chapter 250, and regulations established by the Texas Department of Human Services, Bienvivir All-Inclusive Senior Health™ is required to inform all applicants that a criminal history check will be requested upon hire. I have been advised that under the Fair Credit Reporting Act, Public Law 91-508, that in connection with my application for employment, an inquiry may be made to third parties which will provide applicable information concerning my prior employment, character, reputation, credit history, and mode of living. Further, I understand that an employment offer may be made contingent on my successfully passing a pre-employment drug and alcohol screening and that if hired; I may be subject to taking such screening at random throughout my employment. Failure to pass the drug and alcohol screening will be grounds for disqualification of my application for employment or termination of employment.

I understand and agree that if I am hired my employment with Bienvivir All-Inclusive Senior Health™ is on an at-will basis. At-will means that either I or Bienvivir All-Inclusive Senior Health™ may terminate my employment at any time, for any reason not prohibited by law or no reason at all, without cause and without notice. Nothing can or should be interpreted to change or modify this at-will policy, unless such change is specifically set forth and agreed to in writing, signed by both I and the President/CEO of Bienvivir All-Inclusive Senior Health™. This at-will disclaimer does not, and is not intended to, interfere with, limit or relinquish my right to join with others to work toward altering the terms or conditions of my employment, including at-will status. I understand and agree that no employee or representative of Bienvivir All-Inclusive Senior Health™ has the authority to make any verbal promises, commitments, or statements of any kind at any time that are legally binding on Bienvivir All-Inclusive Senior Health™. Further, I understand that I will observe and abide by all the policies and procedures of Bienvivir All-Inclusive Senior Health™.

I acknowledge that I have read and fully understand the above statements.

Applicant's Signature _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.