

Vita-Living, Inc.

Employment Application



PLEASE PRINT CLEARLY

Position Applied for: _____ **Full Time** _____ **Part Time** _____

Availability: **Days (7am-3pm)** _____ **Evenings (3pm-11pm)** _____ **Nights (11pm-7am)** _____ **Weekends** _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ Date of Application _____

City _____ State _____ Zip Code _____ Home Telephone _____

Have you applied with us before? Yes _____ No _____
 Have you been employed with us before? Yes _____ No _____
 If yes, give DATE and POSITION: _____

Are you a U.S. Citizen? Yes _____ No _____
 If no, are you legally eligible for employment in the U.S.? Yes _____ No _____

Do you have any relatives (blood or marriage) currently employed by our Agency? Yes _____ No _____
 If yes, please identify the person(s) _____

School	Name/Location	Course of Study	Did You Graduate	Diploma/Degree
College				
High School				
Technical				

Other formal training relative to the position you are applying for:

Referral Source: _____ Newspaper Ad _____ Relative/Friend _____ Walk-In _____
 _____ Other (Describe) _____

Vita-Living, Inc. is required by State Law to request a criminal conviction check through the Texas Department of Public Safety and individuals with certain convictions are expressly prohibited from employment with our agency.

Have you been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?

_____ Yes _____ No

If "Yes" describe in full:

Vita-Living, Inc. considers your safety, the safety of fellow employees, residents, and of visitors as an important part of your job. If employed by Vita Living, will you perform all jobs and tasks with constant attention to safety and accident prevention?

_____ Yes _____ No

I understand that I may be required to submit a post-employment physical examination based on the position offered, and that my employment is contingent on my ability to safely and productively perform the job's essential functions as detailed in the position description in accordance with the physical examination results and the Americans with Disabilities Act.

_____ Yes _____ No

I understand that applications without correct home phone numbers and former employer phone numbers will not be processed.

_____ Yes _____ No

I give permission for Vita Living to contact all references and former employers that I have identified in this employment application.

_____ Yes _____ No

I understand that Vita Living believes in a workplace that is free from illegal drug use, and that applicants will be required to take a pre-employment drug test.

_____ Yes _____ No

The information provided in this Application for Employment is true, correct, and complete. If Employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Vita Living, Inc. to continue to employ me in the future, and that any offer (verbal or written), of employment by an authorized agent of Vita Living is contingent on the receipt of satisfactory employment references, satisfactory completion of job-related testing, and a valid Texas Driver's License with a record acceptable to our insurance carrier.

Signature

Date

Vita Living, Inc. is an Equal Employment Opportunity Employer and does not discriminate or give preferential consideration because of sex, race, color, creed, religion, veteran's status, presence of non-job related medical condition or handicap, ancestry, age, national origin, or other legally protected status in the employment of qualified persons. Vita Living confirms to the letter and spirit of Federal and Texas Civil Rights Laws. It is Vita Living's policy to select the best qualified person(s) to fill available position(s).

Employment History

Please give accurate, complete, full-time and part-time employment records beginning with your current or most recent employer. Correct telephone numbers must be provided for all former employers. Each employer will be contacted for verification of previous employment and reference.

Employer	Employer Telephone		
Employer Address	City	State	Zip Code
Position Held	Dates Employed (From-To)	Ending Pay Rate	
Reason for Leaving			

Employer	Employer Telephone		
Employer Address	City	State	Zip Code
Position Held	Dates Employed (From-To)	Ending Pay Rate	
Reason for Leaving			

Employer	Employer Telephone		
Employer Address	City	State	Zip Code
Position Held	Dates Employed (From-To)	Ending Pay Rate	
Reason for Leaving			

Pre-Employment Questionnaire

Do you know the definition of Mental Retardation”

- Yes No

If yes, please write the definition below.

You walk into the living room of a consumer’s home and see an employee push a consumer on the couch, shouting at the consumer, “Sit down you troublemaker!”

What would you do?

Please describe the action you would take if a consumer were to become physically aggressive.

VITA LIVING, INC.

THIS DOCUMENT CONSTITUTES A DISCLOSURE REGARDING THE FAIR CREDIT REPORTING ACT AS IT APPLIES TO YOU

Disclosure

Congress enacted the Fair Credit Reporting Act, in part, to protect consumers by ensuring the accuracy of “consumer reports” and the fairness of the procedures involved in obtaining them. As an applicant for employment with Vita Living, Inc. (the “Company”) or as a current employee of the company, you are a protected “consumer” under the Fair Credit Reporting Act.

Under certain circumstances, as described below, the Fair Credit Reporting Act permits the Company to request a “consumer report” about you from a “consumer reporting agency” and to use the report in evaluating you for employment, promotion, reassignment or retention as an employee.

As defined in the Fair Credit Reporting Act, a “consumer report” is “any written, oral, or other communication of any information by a consumer reporting agency bearing a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for...employment purposes.” The definition of “consumer report” includes reports based upon information gathered from personal interviews with friends, acquaintances and fellow workers, as well as reports based upon information compiled from public records.

A “consumer reporting agency” is “any person which, for monetary fees, dues, or on a cooperative non-profit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing consumer reports to third parties...” This definition includes individual investigators, collection agencies and other related agencies.

Under the Fair Credit Reporting Act, the Company cannot request and obtain a “consumer report” about you without your authorization. You also have the right to request that the Company make a disclosure to you regarding the nature and scope of any investigation about you that will involve personal interviews.

After obtaining a “consumer report” about you, if the Company considers not to hire, promote, reassign (or maintain you in your current position), or retain you as an employee based upon the report, you are entitled to certain information before the Company takes such action. The Company must provide you with a copy of the “consumer report” and a written description of your rights as a “consumer” under the Fair Credit Reporting Act.

VITA-LIVING, INC.

THIS DOCUMENT CONSTITUTES AN AUTHORIZATION TO OBTAIN A “CONSUMER REPORT” FROM A “CONSUMER REPORTING AGENCY”

I, _____, have read the disclosure regarding to Fair Credit Reporting Act provided by Vita Living, Inc. (the Company) and understand my rights as a “Consumer” under the Fair Credit Reporting Act.

I hereby authorize and permit the Company to obtain a consumer report and/or investigative consumer report, which may include the following:

- 1. My employment records;**
- 2. Records concerning any driving, criminal history, civil record, worker’s compensation (post-offer only) and drug testing;**
- 3. Verification of my academic and/or professional credentials; and information and/or military service records.**

I also authorize the Company to obtain an “ investigative consumer report” as part of its investigation of my employment application, and understand that it may include information as to my character, general reputation, personal characteristics, and mode of living. This authorization, in original or copy form, shall be valid for this and any further reports or updates that may be requested.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as Vita Living, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all the foregoing information.

Employee Signature

Date

Please Print Your Name

Witness

Date

**RELEASE & AUTHORIZATION
STATEMENT**

In connection with this request, I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, ad persons to release information they may have about me to Associated Services and its agents, with which this form has been filed and released to all parties involved from any liability and responsibility for doing so.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any further reports or updates that may be requested, Further information may be available on written request within a reasonable period of time.

PLEASE PRINT:

(Last Name) (First Name) (Middle Initial)

(Maiden Name)

(Social Security Number) (Date of Birth)

(Driver License Number) (State of Issue)

PRESENT ADDRESS: _____
(Street Number & Name) (Apt. #) (City) (State)

FORMER RESIDENCES: Two years prior to Application Date (Name of City, State and Zip Code)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

(Signature) (Date)