

Greenleaf Assisted Living, Inc.

Application for Employment

2015 8th Street South

Brookings, South Dakota 57006

1. Exact Title(s) of Positions Applied For _____

2. Name _____

3. Mailing Address _____

4. Email Address _____

5. Social Security Number _____

6. Telephone _____

Area code

Number

7. Are you under age 18? ____ Yes ____ No

8. Do you claim veteran's preference? ____ Yes ____ No If yes, attach a copy of DD214 (separation papers). If claiming service-connected disability, attach verification from the Veteran's Administration showing percent of disability.

9. Do you have a legal right to live and work in the United States? ____ Yes ____ No If you are a resident alien, attach a copy of your declaration of intent (Form N-315).

10. Do you smoke? ____ Yes ____ No

11. Are you able to lift 40 lbs or assist an elderly person who has fallen back to their feet, without risk of injury to yourself? ____ Yes ____ No

12. Have you ever been convicted of a misdemeanor or felony involving a crime of dishonesty or violence? (Examples including, but not limited to, theft, assault, child abuse. Conviction will not necessarily disqualify applicant from employment.) ____ Yes ____ No If yes, please explain. _____

13. Will you accept: Full-time Employment Part-time Employment
 0530/0600-1330/1400 1330/1400-2130/2200 2130/2200-0530/0600

14. When could you begin employment? Now Beginning on _____
After _____ working days notice to present employer

15. How did you find out about this job opportunity? _____

16. Were you referred by a Greenleaf Assisted Living, Inc employee? Yes No please
provide the name of the Greenleaf staff person that referred you. _____

17. May we contact your current or most recent employer regarding your qualifications?
 Yes No If yes, please provide the following information:

Name of supervisor _____

Business Name _____

Telephone Number _____

Address _____

Position held _____

Length of employment _____

Education and Training

18. Circle the last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

19. List formal education beginning with most recent. Include college, high school, vocational, apprenticeship, military training, Certified Nurses Assistant training, Unlicensed Administrative Personnel training for passing medications, or other medical field related training.

Name and address of school _____

Total credit hours _____ GPA _____

Type of degree or certificate _____

Major(s) or Course _____

Minor(s) _____

Did you graduate? ____ Yes ____ No. Are you currently enrolled? ____ Yes ____ No

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Name and address of school _____

Total credit hours _____ GPA _____

Type of degree or certificate _____

Major(s) or Course _____

Minor(s) _____

Did you graduate? ____ Yes ____ No. Are you currently enrolled? ____ Yes ____ No

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Name and address of school _____

Total credit hours _____ GPA _____

Type of degree or certificate _____

Major(s) or Course _____

Minor(s) _____

Did you graduate? ____ Yes ____ No. Are you currently enrolled? ____ Yes ____ No

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20. Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military, vocational or other medical training which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.

21. List any relevant certificates, licenses or registrations you possess, or for which you are eligible. Include expiration dates. _____

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Work History

22. Begin with your current / most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space, attach additional sheets using the same format.

A. Current or Most Recent Position

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____

Total Years ____ Months ____ Starting wage \$____.____ Last wage \$____. ____

Job Title _____

Company Name _____ Type of Business _____

Employer's Business Address _____

Telephone _____

Supervisor's Name and Title _____

Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving _____

Complete description of duties _____

B. Next Previous Position

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____

Total Years ____ Months ____ Starting wage \$____.____ Last wage \$____. ____

Job Title _____

Company Name _____ Type of Business _____

Employer's Business Address _____

Telephone _____

Supervisor's Name and Title _____

Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving _____

Complete description of duties _____

C. Next Previous Position

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____

Total Years ____ Months ____ Starting wage \$____.____ Last wage \$____. ____

Job Title _____

Company Name _____ Type of Business _____

Employer's Business Address _____

Telephone _____

Supervisor's Name and Title _____

Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving _____

Complete description of duties _____

D. Next Previous Position

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____

Total Years ____ Months ____ Starting wage \$ ____ . ____ Last wage \$ ____ . ____

Job Title _____

Company Name _____ Type of Business _____

Employer's Business Address _____

Telephone _____

Supervisor's Name and Title _____

Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving _____

Complete description of duties _____

Applicants who have not lived in South Dakota for the last ten years must complete the following form and submit a signed copy with their application.

PRIVACY NOTICE GENERAL INFORMATION, ADDRESSES & ALIASES

BACKGROUND STUDY PRIVACY NOTICE

Acknowledgement: I understand that I am required to provide Greenleaf Assisted Living, Inc proof of a background check obtained at the nearest South Dakota county courthouse. If I do not have a South Dakota drivers license or if I have not resided in South Dakota for the last 10 years I must submit to a background check through the Minnesota Department of Human Services. The privacy information stated below in paragraphs 1-5 authorizes Greenleaf Assisted Living, Inc to request a background study through the Minnesota Department of Human Services or any other state or federal agency. I further understand that my signature below authorizes Greenleaf Assisted Living, Inc to run subsequent background investigations on a periodic basis without additional notification as long as I am employed by the Greenleaf Corporation.

Greenleaf Assisted Living, Inc. is requesting that you provide private information about yourself in order to complete a background study that will be run through the Minnesota Department of Human Services. As a result, the Minnesota government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, section 1444.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes (assisted living centers), board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in the Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. Known consequences that will arise from refusing to supply the requested information: Only items identified as “optional” may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from a position allowing direct contact with (and, where applicable, access to) persons receiving services.
5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of corrections, and the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

SIGNATURE _____

DATE _____

The following information is required for Greenleaf Assisted Living, Inc to complete a background check through the Minnesota Department of Human Services.

1. Full Name _____

First	Middle	Last
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Maiden Name (if applicable) _____
Aliases _____
Previous married name(s) _____

2. Gender Female Male

3. Date of birth _____
month day year

4. Drivers license _____
State Number

5. Race (Optional) _____

6. Social Security Number _____

7. Telephone number (Include area code) _____

8. Addresses at which you have lived during the last five years.

a. Address _____

b. City/State/Zip code _____

c. Dates: From _____ to _____
Month/year month/year

d. Address _____

e. City/State/Zip code _____

f. Dates: From _____ to _____
Month/year month/year

g. Address _____

h. City/State/Zip code _____

i. Dates: From _____ to _____
Month/year month/year

j. Address _____

k. City/State/Zip code _____

l. Dates: From _____ to _____
Month/year month/year