

TLC CARE CENTER

1500 W. WARM SPRINGS ROAD, HENDERSON NV 89014

TELEPHONE (702) 547-6700 | FAX (702) 547-2570 | www.tlccarecenter.com

Application for Employment

APPLICANT INFORMATION										
First Name				M.I.		Last Name				
Street Address						Apartment/Unit #				
City				State		ZIP				
Phone	<u>Cell:</u>			E-mail Address						
Phone	<u>Home:</u>			Social Security No.						
Position Applying for					FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	PER DIEM	<input type="checkbox"/>
Date Available to Start			Desired Pay			Currently employed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Availability / Desired Shift(s)?										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Are you 18 years of age or older?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NURSING ONLY: Years of Experience:					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If YES, explain					

EDUCATION										
High School					City & State					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Qualifications	
College					City & State					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Qualifications	
University					City & State					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Qualifications	
Other					City & State					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Qualifications	

PROFESSIONAL LICENSES / CERTIFICATIONS										
Type			Number	State	Date of Issue (From)		Expiration Date (To)			
RN	<input type="checkbox"/>	LPN	<input type="checkbox"/>	CNA	<input type="checkbox"/>					
CPR										

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PREVIOUS EMPLOYMENT										
[Please list your work experience for the past five (5) years beginning with the most recent.]										
Company						From		To		
Address										
Position					Starting Salary	\$		Ending Salary	\$	
Duties & Responsibilities										
Supervisor					Reason For Leaving					
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Phone No.	
Company						From		To		
Address										
Position					Starting Salary	\$		Ending Salary	\$	
Duties & Responsibilities										
Supervisor					Reason For Leaving					
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Phone No.	
Company						From		To		
Address										
Position					Starting Salary	\$		Ending Salary	\$	
Duties & Responsibilities										
Supervisor					Reason For Leaving					
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Phone No.	

If any of your previous employment listed above was performed under a different name to the name listed on the front page of this Application for Employment, please provide that name:

Were you terminated (or involuntarily separated) from any of your previous employment listed above? YES NO

If YES, please provide details:

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REFERENCES			
[Please list three (3) professional and/or personal references.]			
Full Name			
Company / Relationship			
Phone No.		Email	
Full Name			
Company / Relationship			
Phone No.		Email	
Full Name			
Company / Relationship			
Phone No.		Email	
DISCLAIMER AND SIGNATURE			
<p>I certify that my answers and the information presented herein are/is true and correct/complete to the best of my knowledge.</p> <p>I authorize investigation of all information and statements contained in this application. I understand that the misrepresentation or omission of facts may be cause for separation/termination without notice. I hereby authorize TLC Holdings LLC (dba TLC Care Center)("TLC") to contact any of the above listed education institutions, previous employers (unless otherwise indicated), references, and others that TLC may wish to contact, and I hereby release TLC from any liability whatsoever as a result of such contact.</p> <p>I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such investigative report is made, I understand that I may receive notice that such a report has been requested and I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.</p> <p>I understand that (i) TLC has a drug and alcohol policy that provides for testing before and during employment; (ii) continued compliance with this policy is a condition of my employment; and (iii) my continued employment is based upon passing any and all testing under this policy. I consent to this policy unequivocally and without condition.</p> <p>I consent to take the pre-employment physical examination (and I understand that passing this physical is a condition of my employment by TLC, and any such offer of employment is contingent upon passing this physical as it relates to essential duties I will be required to perform).</p> <p>Additionally, I consent to any future physical examinations that may be required by TLC (and I understand that passing these is a condition to my continued employment by TLC).</p> <p>I understand that my employment by TLC is "AT WILL", and that either party is free to terminate the employment relationship at any time without cause. I also understand that in addition to being "AT WILL", my employment is also probationary for a period of up to one hundred eighty (180) days following my date of hire, and that TLC may terminate my employment with or without cause during this period.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release/separation/termination.</p> <p>TLC is an equal opportunity employer. We adhere to a policy of making employment decisions based solely on experience and qualifications, and without regard to race, color, religion, sex (including pregnancy), marital status, sexual orientation, national origin, age, disability or any other genetic information.</p>			
Applicant Signature		Date	

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WRITTEN STATEMENT OF CRIMINAL HISTORY

If TLC learns from the Department of Public Safety or any other source that an individual has been convicted of a crime listed in NRS 449.174 then we may not employ that individual.

Statements 1-14 below refer to NRS 449.173 disqualifying criminal convictions (which may be either a felony or a misdemeanor).

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution)
4. I have not been convicted of prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding seven (7) years;
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have not been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding seven (7) years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. I have not been convicted of any violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding seven (7) years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct.
10. I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding seven (7) years).
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive (statutory provisions relating to Nevada's State Plan for Medicaid).
12. I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding seven (7) years.
13. I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding seven (7) years.
14. I have not been convicted of any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or an attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding seven (7) years.

I _____ affirm that the statements 1-14 above are true and correct.

I understand that a criminal background check is a condition of my employment at TLC. I consent to having my finger prints taken for this purpose, and I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

Signature

Date

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REFERENCE REQUEST AUTHORIZATION

I _____ hereby authorize (i) TLC Care Center (TLC) to request the following information from any and all of my former employers; and (ii) upon receipt of a request from TLC, any and all of my former employers to provide to TLC, the following information:

- Date of hire
- Date of termination
- Position / Title (most recent)
- Salary information / hourly rate of pay (most recent)
- Any other information requested by TLC

Signature

Date

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Application for Employment – Nursing Addendum

FOR NURSING APPLICANTS ONLY

AVAILABILITY					
Name (First / Last)		RN <input type="checkbox"/>		LPN <input type="checkbox"/>	
		CNA <input type="checkbox"/>			
If you are available to work anytime, please check ANYTIME. If not, please indicate specific days & shifts you are available to work.					
<u>DAY</u>		<u>6AM-2PM</u>	<u>2PM-10PM</u>	<u>10PM-6AM</u>	
SUNDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
MONDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
TUESDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
WEDNESDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
THURSDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
FRIDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
SATURDAY	ANYTIME <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>	NIGHT <input type="checkbox"/>	
What is your desired Work Schedule?		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>	
		Per Diem <input type="checkbox"/>			
<u>HOLIDAYS</u>					
Are you available to work on HOLIDAYS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>
				NIGHT <input type="checkbox"/>	
<u>OVERTIME</u>					
Are you available to work OVERTIME hours?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DAY <input type="checkbox"/>	EVENING <input type="checkbox"/>
				NIGHT <input type="checkbox"/>	
DISCIPLINARY AND LICENSURE/CERTIFICATION ACTIONS					
Have you ever been subject to disciplinary action from the NEVADA STATE BOARD OF NURSING?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Disciplinary action can include: denial, reprimand, fine, suspension, probation, or revocation of a license or certificate.)					
If YES, Please provide details:					