

**APPLICATION FOR EMPLOYMENT**  
**LINCOLN GLEN MANOR FOR SENIOR CITIZENS**

2671 Plummer Ave, San Jose, CA 95125  
(408) 265-3222 \* Fax (408) 265-2839

**PERSONAL INFORMATION**

**DATE:** \_\_\_\_\_

Name \_\_\_\_\_ SSN# (Last 4 Digits) \_\_\_\_\_  
Last First Middle

Have You Ever Been Employed Under Another Name? Yes \_\_\_\_\_ No \_\_\_\_\_ Give Name(s) \_\_\_\_\_

Your Current Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Date You Can Start Work \_\_\_\_\_

Position(s) Desired 1. \_\_\_\_\_ 2. \_\_\_\_\_

Are you available to work: Weekends \_\_\_\_\_ Holidays \_\_\_\_\_ Rotating Shift \_\_\_\_\_ On Call \_\_\_\_\_

Do You Want To Work Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Regular \_\_\_\_\_ Summer Employment \_\_\_\_\_

If seeking part-time work, specify the number of days per week \_\_\_\_\_

*Lincoln Glen operates seven days a week/24 hour a day. For this reason, associates will have a variety of scheduled days and times for work and may be asked to work on weekends and holidays to accommodate business needs. Employees are expected to comply with the department schedules they are given.*

**GENERAL**

**Note:** Prior to employment, all applicants will be required to be fingerprinted in compliance with the Department of Social Services.

Are you either a U.S. citizen or authorized to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If you are over 16 but not yet 18, can you show proof of a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined for resident abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined for child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have relatives or friends employed at this company? Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

Have you ever been employed by Lincoln Glen? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates, position, and department employed. \_\_\_\_\_

Have you ever applied to this company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

How were you referred? Newspaper Ad/Internet \_\_\_\_\_ Friend/Relative \_\_\_\_\_ Job Fair \_\_\_\_\_ Employee \_\_\_\_\_

Rehire \_\_\_\_\_ Career Day \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT HISTORY** Beginning with your current or last employer, list the last three positions of employment held by date.

Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name, Title, and Phone Number of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Reason for Leaving		
Duties		

Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name, Title, and Phone Number of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Reason for Leaving		
Duties		

Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name, Title, and Phone Number of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Reason for Leaving		
Duties		



**RECORD INFORMATION RELEASE**

**To Whom It May Concern:**

I have applied to Lincoln Glen for employment. To enable Lincoln Glen to properly evaluate my qualifications, I request and authorize you to release and furnish to Lincoln Glen any and all information in your records or files, or within your knowledge, concerning my present and /or past employment with you.

I authorize all persons, schools, current employers, previous employers, and organizations named in this application or provided by me to the facility to provide any relevant information that may be requested by the facility. I also hereby release all parties seeking and providing information from any and all liability or claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Other Name(s) while employed

In consideration of my employment I agree to conform to all of the rules and regulations of this facility and I agree 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 this facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no representative of this facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

As a condition of employment, I hereby consent to testing for drug and alcohol use, as determined to be appropriate by management, either before being hired or at any time during my employment with this facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT COMPLETE  
TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT**

Date of Birth	Maiden Name (if applicable)	Preferred Pronoun:
Person to notify in case of emergency		Relationship
Address	City	State
		Telephone Number

**ACCEPTANCE DATA (To be filled in by Employer)**

Date of Interview	Part Time	Temporary	Hours	Start Date	Job Title	Dept.
	Full Time	Permanent				
Salary _____		Monthly _____		Hourly _____		
Department Director Signature _____						

Background Check Process  
Please read before completing fingerprinting process.

Lincoln Glen Nursing Facility completes a background check on all employees. Unfortunately, we understand that this may eliminate potentially great employees from being hired as some of us have things in our past, even from a long time ago. Sometimes it has been so long we have forgotten or think that it may not be revealed.

### **The Law**

The California Health and Safety Code requires a background check of all applicants, licensees, adult residents, volunteers under certain conditions and employees of community care facilities who have contact with clients. If the California Department of Social Services finds that an individual has been convicted of a crime other than a minor traffic violation, the individual cannot work or be present in any community care facility unless they receive a criminal record exemption from the Community Care Licensing Division, Caregiver Background Check Bureau (CBCB). Simply defined, an exemption is a Department authorized written document that "exempts" the individual from the requirement of having a criminal record clearance. CBCB also examines arrest records to determine if there is a possible danger to clients (Health & Safety Code sections 1522, 1568.08, 1569.17, and 1596.871).

### **How the Background Check is Conducted**

When an individual submits fingerprints, the California Department of Justice (DOJ) conducts a background check. If the individual has no criminal history, DOJ will forward a clearance notice to the applicant or licensee and to CBCB. If the individual has a criminal history, DOJ will send a criminal record transcript to CBCB. The transcript will show arrests and convictions. CBCB staff will review the transcript and if the convictions are for crimes that can be exempted, CBCB will send an exemption notification letter to the applicant or licensee and to the individual.

**All convictions other than minor traffic violations, including misdemeanors, felonies and convictions that occurred a long time ago require an exemption.** However, individuals convicted of serious crimes such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, arson or kidnapping are not eligible for an exemption. Lincoln Glen will not offer exemptions for new hires at this time.

The Department of Social Services is prohibited by law from granting exemptions to individuals convicted of certain crimes and provides a current list of Non-Exemptible Crimes.

**Please review this information and let us know if you would like us to halt the hiring process. No questions will be asked. You may call or email us and request that we withdrawal your application if you believe that you are not going to be eligible for employment due to events that may be revealed through the background check.**

We hope that you find this information helpful. Thank you for your understanding.