



**JAMES L. WEST ALZHEIMER'S CENTER
APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER**



Please answer all questions. Résumés are not a substitute for a completed application.

Your name: _____ Today's Date: _____
(Last) (First) (Middle)

Other names used during employment: _____

Address: _____ City: _____ State: _____ Zip: _____
(Street Address incl. Apt #)

Phone: (____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____
(Street Address incl. Apt #)

Are you 18 years or older? Yes No Are you authorized to work in the U.S.? Yes No

Applying for position as: _____ Salary Requirement: _____

Full Time Part Time Temporary Date Available: _____

Are you available for shift work? Yes No What shifts? _____

Have you worked for James L. West before? Yes No If so, when? _____

Have you applied at James L. West before? Yes No What position applied for? _____

How were you referred to our company? Employee Ad Agency Just Stopped By Other

Name of referral source indicated above: _____

Education	School Name & Location (Address, City, State)	Course of Study	Graduated or GED?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Indicate any licenses or certifications that you feel qualify you for the job for which you are applying.

License/Certification Type	License/Cert. #	Exp. Date		
MILITARY SERVICE				
Branch	From	To	Rank & Duties	Discharge Date

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.



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EMPLOYMENT HISTORY

Current or most recent employer: _____ From _____ To _____
 Address: _____ Salary _____
 City, State, Zip: _____ Phone #: _____
 Supervisor Name: _____ Your Title: _____
 Description of duties: _____
 Reason for separation _____
 How much notice did you give? _____ May we contact this employer? Yes No

Next previous employer: _____ From _____ To _____
 Address: _____ Salary _____
 City, State, Zip: _____ Phone #: _____
 Supervisor Name: _____ Your Title: _____
 Description of duties: _____
 Reason for separation _____
 How much notice did you give? _____ May we contact this employer? Yes No

Next previous employer: _____ From _____ To _____
 Address: _____ Salary _____
 City, State, Zip: _____ Phone #: _____
 Supervisor Name: _____ Your Title: _____
 Description of duties: _____
 Reason for separation _____
 How much notice did you give? _____ May we contact this employer? Yes No

Next previous employer: _____ From _____ To _____
 Address: _____ Salary _____
 City, State, Zip: _____ Phone #: _____
 Supervisor Name: _____ Your Title: _____
 Description of duties: _____
 Reason for separation _____
 How much notice did you give? _____ May we contact this employer? Yes No

Next previous employer: _____ From _____ To _____
 Address: _____ Salary _____
 City, State, Zip: _____ Phone #: _____
 Supervisor Name: _____ Your Title: _____
 Description of duties: _____
 Reason for separation _____
 How much notice did you give? _____ May we contact this employer? Yes No



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PERSONAL REFERENCES			
Name	Address & Phone Number	Position or Occupation	How Long Known?

For the following questions please do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program. Criminal convictions or arrests will not automatically disqualify an applicant for a particular job. However, any offenses listed in Texas Health and Safety Code, §250.006 will disqualify an applicant from all positions at the James L. West Alzheimer's Center.

1. Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above, either inside the United States or outside the U.S.? **Yes** **No**
2. Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? **Yes** **No**
3. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense? (Exclude minor traffic violations.) **Yes** **No**
4. Have you ever been involuntarily discharged from a position? **Yes** **No**
5. Have you ever initiated an act of violence in the workplace? **Yes** **No**

If you answered yes to any of the above questions, please provide an explanation. _____

Please read the following and sign at the bottom of the next page.

I understand that the James L. West Alzheimer's Center is a drug-free workplace and conducts drug screenings consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the James L. West Alzheimer's Center may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

I further understand that the James L. West Alzheimer's Center is a long-term-care nursing facility licensed in the state of Texas, and as such is subject to the rules and statues for such entities including residents' rights, HIPAA, and confidentiality laws. Those rules and statutes require that employees undergo a criminal background check, verification of license/certification, verification with the state and federal Medicare/Medicaid exclusions listings, and employment eligibility verification with the Texas Employee Misconduct Registry. All of those checks will be conducted prior to my employment and can/will be done monthly/annually after my employment.

(continued→)



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If employed by the Company, I understand and agree that the James L. West Alzheimer's Center, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and in certain circumstances, my personal property.

I certify that all the information on this application, my résumé, or any supporting documents I may present during an interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE JAMES L. WEST ALZHEIMER'S CENTER OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESSED OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME.

If hired, I agree to conform to the rules and regulations of the James L. West Alzheimer's Center, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the James L. West Alzheimer's Center or its agents to confirm all statements contained in this application as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the James L. West Alzheimer's Center or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the James L. West Alzheimer's Center and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by the James L. West Alzheimer's Center, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand that the James L. West Alzheimer's Center employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. I UNDERSTAND THAT IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME I MUST RE-APPLY.

Signature: _____ **Date:** _____

Thank you for your interest in the James L. West Alzheimer's Center. The James L. West Center is a not-for-profit organization which serves persons with Alzheimer's disease and related disorders and their families in a compassionate and spiritual environment. This Center is dedicated to providing individualized care and support to enhance the quality and dignity of each person's life throughout the course of the disease. By participating in meaningful research and sharing its experience and knowledge, the Center is committed to enriching lives now and in the future.

James L. West Alzheimer's Center
Voluntary Self-Identification for Applicants

This employer is a Government contractor. As such we are required to collect several pieces of information from each individual who applies for employment. The completion of this form is *voluntary*.

I identify as a:

- Male
- Female
- I choose not to self-identify

- Asian
- Black or African American
- Hawaiian or Pacific Islander
- Hispanic or Latino
- American Indian or Alaskan Native
- White or Caucasian
- Two or more races
- I choose not to self-identify

I Belong To The Following Classifications Of Protected Veterans (Choose All That Apply):

- Disabled Veteran
- Recently Separated Veteran
- Active Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong
- I am NOT a protected veteran

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
- 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 do not have a disability
- I do not wish to answer

Name: _____

The James L. West Alzheimer's Center is an Equal Opportunity Employer. All employment decisions are made without regard to race, color, sex (including pregnancy), religion, national origin, age, disability, veteran status, genetic information, sexual orientation, gender identity or expression or any other status protected by applicable law.