

## Brockford Inn Questionnaire

*Brockford Inn will not use this questionnaire to illegally discriminate against applicants and will remain in compliance with ADA, ADEA, and Title VII of the civil rights act. You are **not** required by law to answer any question on this page. This questionnaire is for Brockford Inn's internal use, however, Brockford Inn reserves the right to use this document for legal and defense purposes, in accordance with the law.*

(Please fill out and circle the corresponding information)

- |   |     |    |
|---|-----|----|
| 1. Have you <b>ever</b> worked at Brockford Inn, in the past?                                   | Yes | No |
| 2. If yes, did you work a <b>full</b> two-week notice before leaving?                           | Yes | No |
| 3. Do you <b>currently</b> have any injuries/conditions that Brockford Inn needs to know about? |     |    |
|   | Yes | No |

If you answered **yes**, please list the type or types of injuries in the space provided: \_\_\_\_\_

---



---

- |   |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| 4. Are you able to find transportation to work?                           | Yes             | No              |                 |
| 5. Are you interested in working <b>PRN</b> (as needed)?                  | Yes             | No              |                 |
| 6. Brockford Inn has three 8-hour shifts, which shift do you prefer?      | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> |
| 7. Are you <b>currently</b> working somewhere else?                       | Yes             | No              |                 |
| 8. Are you willing to work other shifts, <b>if</b> needed?                | Yes             | No              |                 |
| 9. Do you have any relatives that <b>currently</b> work at Brockford Inn? | Yes             | No              |                 |

If **yes**, which department do they work in? (Please answer in the space provided) \_\_\_\_\_

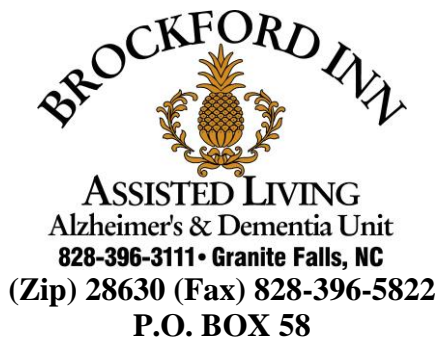
---



---

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

\_\_\_\_\_  
Date



## Camelot Manor Inc. DBA Brockford Inn

### **Affirmative Action Program Self-Identification Form**

*The Following is used for Federal Reporting of the Annual EEO I Report. Information relating to race/ethnicity, origin, gender, creed, and job category, as protected under title VII under the civil rights act, shall not be used in any way to evaluate the applicant. Applicants will also be protected under laws of ADA and ADEA.*

- Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_
- Position Applying for: \_\_\_\_\_

• **Check one Box Below:**

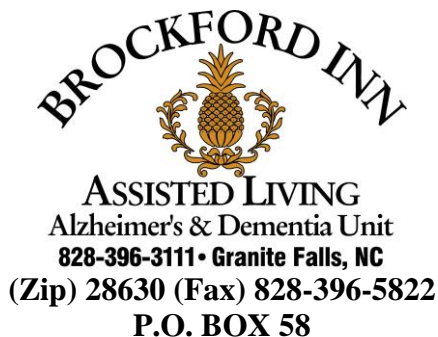
	Caucasian	African-American	Hispanic	Asian or Pacific Islander	Native American or Alaskan Native	Other
<b>Male</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Female</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• **Check one Box Below:**

<b>Marital Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
------------------------	---------------------------------	----------------------------------	------------------------------------	-----------------------------------	----------------------------------

- Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In.
- Weight: \_\_\_\_\_ Lbs.
- Are you a **NON-** U.S. Citizen? \_\_\_\_\_
  - If **YES**, can you provide proof of eligibility to work in the United States? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Application for Employment

*Please Answer All Questions. Resumes are not a Substitute for a completed Application.*

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, 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.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Social Security Number: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Present Address (street, Apt. or Unit No.): \_\_\_\_\_  
 \_\_\_\_\_  
 City / State/ Zip: \_\_\_\_\_  
 \_\_\_\_\_

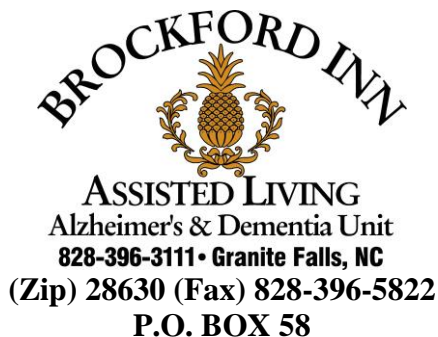
If Under the age of 18, can you produce the necessary work certificate at the time of employment?  
 Yes  
 No

Type of Employment desired?  
 Full-time  
 Part-time (Specify Hours) \_\_\_\_\_  
 Are you willing to work overtime?  
 Yes  
 No  
 Date on which you can start? \_\_\_\_\_  
 Have you applied to this company before?  
 Yes  
 No  
 If Yes, when did you apply? \_\_\_\_\_  
 How did you apply? \_\_\_\_\_

Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or a marijuana-related conviction that are more than two (2) years old.)  
 Yes  
 No

If Yes, please explain so that individual circumstance can be considered. \_\_\_\_\_  
 \_\_\_\_\_

- Note:
- *Criminal convictions will not automatically disqualify an applicant from a particular job. The company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially related to the position's functions and qualifications, the frequency of the conviction(s), the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.*
  - *An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.*



## Application for Employment (Cont.)

**California Applicants:** This does not include convictions under California Health & Safety Code GS 11357 (a) or (b), 11360 (c), 11364, 11365, or 11550 related to marijuana which occurred two or more years before the instant application.

**Connecticut Applicants:** Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as youthful offender, a criminal charge that has been dismissed or nulled (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

**Massachusetts Applicants:** Applicants for employment with a sealed record on file with the Massachusetts Commissioner of Probation may answer "No Record" with respect to all inquires relating to prior convictions

Have you ever initiated an act of violence in the workplace?

- Yes  
 No

If Yes, please explain so that individual circumstance can be considered. (An answer of Yes, will not necessarily disqualify you from employment.) \_\_\_\_\_

List special technical skills that you feel qualify you for the job for which you are applying (i.e. computer programming/language, software, equipment operation, special tools or machines, etc.): \_\_\_\_\_

Education	School Name and Location	Course of Study	Graduate?	# of years Completed	Degree/Major
High School					
College					
Bus/Tech/Trade or Post College					

Honors or special awards received: \_\_\_\_\_



**ASSISTED LIVING**  
Alzheimer's & Dementia Unit  
828-396-3111 • Granite Falls, NC  
(Zip) 28630 (Fax) 828-396-5822  
P.O. BOX 58

## Application for Employment (Cont.)

### Work Experience:

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

### Most Recent Job

Employer Name: _____ Employer Phone: (_____) _____ Job Address: _____ Type of Business: _____  Dates Employed (From): ____/____/____ Dates Employed (To): ____/____/____ Job Title _____ Supervisor's Name: _____  Wages Started: _____ Final: _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No  Reason For leaving: _____ _____ _____  Duties: _____ _____ _____
---	--

### Second Most Recent Job

Employer Name: _____ Employer Phone: (_____) _____ Job Address: _____ Type of Business: _____  Dates Employed (From): ____/____/____ Dates Employed (To): ____/____/____ Job Title _____ Supervisor's Name: _____  Wages Started: _____ Final: _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No  Reason For leaving: _____ _____ _____  Duties: _____ _____ _____
---	--



**ASSISTED LIVING**  
 Alzheimer's & Dementia Unit  
 828-396-3111 • Granite Falls, NC  
 (Zip) 28630 (Fax) 828-396-5822  
 P.O. BOX 58

## Application for Employment (Cont.)

**Third Most Recent Job**

Employer Name: _____ Employer Phone: (____) _____ Job Address: _____ Type of Business: _____  Dates Employed (From): ____/____/____ Dates Employed (To): ____/____/____ Job Title _____ Supervisor's Name: _____  Wages Started: _____ Final: _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No  Reason For leaving: _____ _____ _____  Duties: _____ _____ _____
--	--

**Please indicate your desired rate of pay:** \_\_\_\_\_

**Job References:**

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (i.e. supervisor, co-worker)	Telephone No.



ASSISTED LIVING  
Alzheimer's & Dementia Unit  
828-396-3111 • Granite Falls, NC  
(Zip) 28630 (Fax) 828-396-5822  
P.O. BOX 58

## Application for Employment (Cont.)

### Application Certification

*I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.*

*I understand that the company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and 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 location, pursuant to the company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol 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.*

*If employed by the company, I understand and agree that the company, 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 understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.*

I certify that all the information on this application, my resume, or any supporting documents is 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.

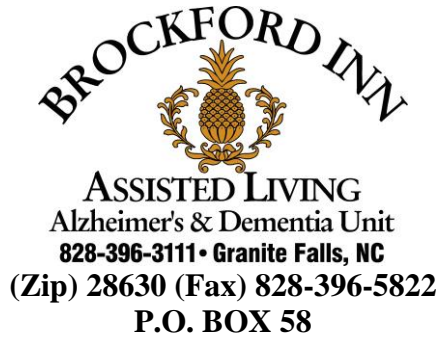
I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY THE COMPANY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS THE COMPANY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, OR ADVANCE NOTICE. IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, 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 company or its agents to confirm all statements contained in this application and/or resume 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 authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company 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 company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this company, 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 this company employs only individuals who are legally eligible to work in the United States.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Application for Employment (Cont.)

### Minor's Section

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the company, to the extent permitted by federal, state, and local laws, can test for controlled substances, conduct inspections of property without notice, and communicate screen results to company personnel who need to know, the applicant, and the applicant's guardian.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF POLYGRAPH OR SIMILAR TESTS AS WELL.

THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.