

**CONSENT AND RELEASE FORM FOR EMPLOYEES / APPLICANTS**



**Methodist ElderCare Services and Affiliates**

<b>Wesley Glen</b> 5155 North High Street Columbus, OH 43214 614 888-7492	<b>Wesley Ridge</b> 2225 Taylor Park Drive Reynoldsburg, OH 43068 614 759-0023	<b>LifeCenter</b> 1636 Graham Road Reynoldsburg, OH 43068 614 866-7212	<b>Hospice Services</b> 1550 Old Henderson Road, Suite E-212 Columbus, OH 43220 614-451-6700
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I, \_\_\_\_\_, (applicant or employee), as an employee / applicant of Methodist ElderCare Services and Affiliates, hereby acknowledge that Methodist ElderCare Services and Affiliates' policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release Methodist ElderCare Services and Affiliates, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and or alcohol test results to the contractor's Medical Review Officer (MRO), and or Methodist ElderCare Services and Affiliates' examining physician, as provided by Methodist ElderCare Services' Policy.

I further acknowledge that Methodist ElderCare Services and Affiliates have provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

Please read this statement carefully before signing. I hereby certify that all of my responses on this application as well as all representations made in any accompanying resume or other attachment are both complete and true. I agree that any statement found to be false or misleading, as well as any material omission, will be cause for termination, and I submit that I have not knowingly withheld any facts or circumstances requested in this application.

I understand that in processing my application with Methodist ElderCare and Affiliates, an investigative background check will be conducted. Any such background check may contain information bearing on my character, general reputation, education, personal characteristics and mode of living. Information may include, but is not limited to: employment history, education, criminal records, national sex offender check, child abuse clearance, fraud, motor vehicle records, personal references and any data provided on this application or during the interview process.

I further agree that any employment offered as a result of this application, if accepted by me, is for an undetermined length of time, and may be terminated at any time, for any reason not prohibited by law, with or without notice and with or without cause, either by me or by Methodist ElderCare and Affiliates.

I authorize a photocopy of this release to be accepted with the same authority as the original and if employed by the above name company this release will remain in effect throughout such employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application for Employment**

We are an equal opportunity employer who provides equal consideration for employment to all qualified applicants. Please complete this application in its entirety, including inserts, so that we may accurately assess your credentials; for all qualified applicants will receive equal consideration for employment without regard to race, color, national origin, gender, marital status, sexual orientation, age, physical or mental disability or covered veteran status. You may attach additional pages or a resume. However, we ask that you exclude any reference to your age (except \* below), date of birth, race, sex, national origin, and political or religious affiliations. *Your signature on the last page is required.*

**Incomplete information could disqualify you from further consideration.**

Personal Data				
Last Name		First	M.I.	
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone	Alternate Phone	E-mail Address		
Date Available	Social Security No.			
<b>Position Desired:</b> RN/LPN License # _____ <input type="checkbox"/> STNA/CNA/Hospice Aide Registry # _____ <input type="checkbox"/> Housekeeping <input type="checkbox"/> Dining Services <input type="checkbox"/> Maintenance <input type="checkbox"/> Administration <input type="checkbox"/> Other _____ Other License # _____ Hours/Days Available to work _____ Full Time _____ Part Time _____ PRN _____				
*Are you a 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	*If not, please indicate your age _____
Are you authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for any of our Affiliates?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
How did you become aware of our Organization? _____				
Please list friends or relatives working for any of our Affiliates _____				

Education				
High School		Address		
# of Years Attended _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Technical School		Address		
# of Years Attended _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
# of Years Attended _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Graduate School		Address		
# of Years Attended _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Please comment regarding any other education, foreign languages, training or special skills you possess which you believe may be related to your ability to perform this position:

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**Although a resume is a welcome addition, please complete the application in its entirety to be considered for employment.**

### Previous Employment

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities			

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Name(s) Used and Date(s) Changed: \_\_\_\_\_

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**During the last 5 years have you ever been convicted of a crime other than a minor traffic offense?** A conviction will not automatically disqualify you for employment. Factors such as date, seriousness and nature of the crime, repeat offenses and rehabilitation may be considered. YES  NO

If yes, please provide details including dates and location for all convictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Viewing our pre-employment video is part of the application process. Please indicate if you have watched this video. YES  NO

### References

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	