

**Willow Health Care, Inc.**  
**P.O. Box 309 • Willow Springs, MO 65793**  
**APPLICATION FOR EMPLOYMENT**

P E R S O N A L	Last Name	First	Middle	Date	
	Street Address			City, State, Zip	Home Telephone
	Have you previously been employed by any of the divisions of Willow Health Care, Inc? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please circle the appropriate division(s):			Social Security Number:	
	<ul style="list-style-type: none"> <li>• Brooke Haven Healthcare</li> <li>• Mountain View Healthcare • Park Place Apartments</li> <li>• Willow Care Nursing Home • Willow West Apartments</li> <li>• Westwood Health Group: • Home Care • Home Health • Rural Health Clinic</li> </ul>			Position Desired:	
				Hourly Pay Expected:	
	Are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work?			Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			When will you be available to begin work?	
	Have you been convicted of any crimes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes. what state(s) did they occur in and describe the convictions in detail. State(s): Describe convictions in detail including when, where & detailed description of event:			I am over 18 years of age –  Yes <input type="checkbox"/> No <input type="checkbox"/>	
	For Driving Jobs <u>ONLY</u> : Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Driver's License Number: _____ Class of License: _____				
Have you had your driver's license suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:					

E D U C A T I O N	School	Name and Location Of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
	High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Business/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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**ADDITIONAL INFORMATION**

**Membership in professional & civic organizations, special accomplishments, awards, etc.**  
(Exclude those which may disclose your race, color, religion, age or national origin)

**APPLICANT'S SIGNATURE**

**Please read and understand this statement before signing your application.**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

**I fully understand and accept all terms and conditions in the above statement.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Equal Employment Opportunity Commitment**

Willow Health Care, Inc. is fully committed to affording employment opportunity to all persons without regard to race, color, sex, religion, age, national origin, veteran status, or physical or mental disability. The Willow Health Care, Inc. policy extends to recruiting, hiring, training, compensation, overtime, job classifications, work conditions, promotions, transfers, employee treatment, suspensions, terminations, retrenchment, tuition aide and all other terms, conditions, and privileges of employment.

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**Background Check Consent**

Missouri state law requires healthcare providers to undergo a criminal background check within two days of hiring. The law applies to any position where the employee would have contact with patients or residents in a convalescent home, nursing home, boarding home, providers of in-home services under contract with Missouri Department of Health and Senior Services, employers of temporary nurses, and nursing assistants placed in healthcare of medical treatment facilities.

Applicants must provide written authorization before submitting to a background check. In addition, applicants must disclose if they have ever been convicted of a felony or misdemeanor, have any suspended sentences or executions or sentence, have any periods of probation or parole, or are listed on the employee disqualification list (EDL).

Employers cannot employ individuals who have been convicted of, pled guilty or no contest to, or have been guilty or statutorily specified class A or B felonies in any state (sex offenses, offenses against a person), or are on the employee disqualification list (EDL). The undersigned has applied to provide services to this provider and will have contact with patients or residents.

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I consent to this provider to conduct a criminal background check and records review, as well as requesting the Missouri governmental entities to inform the provider if my name appears of any of their disqualification or background check lists. I understand this information will not be further disclosed other than for the purpose of application and employment and that the provider may refuse to hire or engage me based on the results of its inquiries.

I further state that the following are true statements and if subsequently become untrue, I will immediately notify my employer.

- I am not listed on any employee disqualification list (EDL).
- I am registered with the Family Care Safety Registry (FCSR) or I will register within 15 days of employment with this provider. **\*\*Anyone hired on or after January 1, 2001, as an elder-care worker is required to make application for registration in the Family Care Safety Registry within 15 days of the beginning of employment. Such persons who fails to submit a completed registration form to the Missouri Department of Health without good cause, as determined by the department, is guilty of a class B misdemeanor.**
- I have not been convicted of or plead guilty to (including any suspended imposition or execution of sentence or any period of probation or parole) any misdemeanor or felony except for what I listed on my employment application.

Initial one:

The above statements are accurate \_\_\_\_\_

The above statements are inaccurate: \_\_\_\_\_

If the above statements are not true please provide details of the inaccuracy:

Print Name: \_\_\_\_\_  
                    LAST                                      FIRST                                      M.                                      JR/SR

Maiden/Alias: \_\_\_\_\_  
                    LAST                                      FIRST                                      M.                                      JR/SR

Sex:  Male  Female    DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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**Employee Consent to Drug and/or Alcohol Testing**

I, \_\_\_\_\_ consent to submit to urine, saliva, breathe, blood, and/or hair testing for illegal drugs or alcohol as provided in Willow Health Care, Inc. drug/alcohol testing policies. (**Reference:** Part 1, Section G, “Drug-Free Workplace” and Part 1, Section Z, “Drug/Alcohol Testing”) I have been given a copy of these policies and I have reviewed their contents. I agree to abide by the policies and I understand and agree that complying with the policies is a pre-employment condition as well as a condition of my continued employment with Willow Health Care, Inc. If I test positive or do not consent to submit to urine, saliva, breathe, blood, and/or hair testing within a reasonable timeframe, I understand that I will not be considered for employment for a minimum of six months or (if active) will be subject to termination of employment.

I understand that if I test positive to any of the testing methods, it will result in automatic termination of my employment with Willow Health Care, Inc. Furthermore, I authorize the release of the test results to my employer, and/or, on post-accident tests, the company’s workers’ compensation insurance carrier and understand the refusal to release these results is grounds for termination. I understand that if I test positive for drugs or alcohol following an on-the-job accident, I may be ineligible for workers’ compensation benefits or have benefits reduced by 15% as allowed by Missouri law.

I understand that Willow Health Care, Inc. is obligated to report positive drug/alcohol testing and termination of employment of licensed employees to the Missouri State Board of Nursing, as outlined in 4CSR 20-4.

I voluntarily consent to testing for the detection of the following illegal drugs and alcohol: Alcohol; Amphetamines (Methamphetamine); Barbiturate; Benzodiazepines; Cannabinoid (Marijuana); Cocaine; Opiates; and Phencyclidine. I also understand I may produce a legal prescription for any of the prior named drugs and this will release me from termination of employment.

I agree that a photocopy of this consent form has the same effect as the original and may be used in place of the original consent form.

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Signature

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Date

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Witness

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Date

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**EMPLOYEE HANDBOOK POLICY CHANGE EFFECTIVE 11/1/2009**

**DRUG/ALCOHOL TESTING**

All employees are subject to pre-employment or post-employment drug test as well as periodic, random selection for drug testing and post accident drug testing. A confirmed positive test result (prior to employment) will exclude the applicant from employment with the company for a minimum period of six months, after which time the applicant can reapply for consideration. Any employee's or applicant's refusal to submit to a test or a test result that indicates that the sample provided has been diluted, adulterated, is not the product of the employee, or has been tampered with will result in the individual not being considered for employment &/or disciplinary action up to termination. Random drug testing of employees will occur on a periodic basis reasonably spread throughout the year. Refusal or failure to submit to a timely drug/alcohol test is sufficient cause for termination of employment. WHCI will incur the cost of the drug- screening.

**For Cause**

Any employee who behavior is consistent with substance abuse can be required by their immediate supervisor to submit to a drug/alcohol screen. Collected specimens will be analyzed by a certified laboratory. One positive reading will automatically terminate the employment of the employee, unless the employee has a legal prescription for the drug they tested positive for. Behavior indicating substance abuse may include:

- Observed impairment of job performance
- Abnormal conduct or erratic behavior
- A number of minor workplace accidents
- Evidence of drug tampering in the employee's workplace
- Arrest or conviction on an alcohol or drug related offense

**Post Accident**

An incident occurring while on WHCI business that results in injury (requiring medical treatment) to an employee or others and/or damage to WHCI property will be subject to drug/alcohol testing.

**DOT Requirements**

Employees that fall under drug-testing rules by the Department of Transportation will be subject to random drug/alcohol testing. Testing is also required following an accident and when there is reasonable suspicion of drug/alcohol use.