

BIRCH TREE COMMUNITIES, INC.

Employment Application



Birch Tree Communities, Inc. celebrates cultural and individual diversity and does not discriminate in its recruiting, hiring and employment practices. As such, Birch Tree Communities, Inc. is an Equal Opportunity Employer.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No. <small>Disclosure optional – for identification purposes only</small>	Desired Salary	
Position Applied for <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Case Manager <input type="checkbox"/> Therapist <input type="checkbox"/> Administrative <input type="checkbox"/> Clerical <input type="checkbox"/> Other (specify):			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you related (first cousin or closer, by blood or marriage) to any Birch employee or member?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please provide names and relation-ship(s) to you:	
Have you been employed by Birch Tree Communities, Inc. previously?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please provide dates and position held:	
Are you presently, or have you ever been, excluded from participation in Medicaid, Medicare or any other federal or state health care program?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please provide all details and current status:	
Have you ever been convicted of a criminal offense, felony or misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please describe the nature of the crime(s), when and where convicted and disposition of the case:	
Do you have any criminal charges, felony or misdemeanor, pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please describe the nature of the charges and date of final legal resolution:	
Will you submit to a pre-employment background check to verify information provided in this application?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If hired, will you be able to provide evidence of U.S. citizenship or proof of your legal right to work in this country?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If hired, will you submit to and be able to pass a controlled substance screening as a condition of employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you eighteen (18) years or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you able to perform the essential functions of the position(s) for which you are applying?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, please indicate what reasonable accommodations you would require to enable you to perform those essential functions:	
<p>NOTE: BIRCH TREE COMMUNITIES, INC. COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT AND WILL PROVIDE REASONABLE ACCOMMODATIONS TO ELIGIBLE EMPLOYEES/APPLICANTS TO ENABLE THEM TO PERFORM ESSENTIAL JOB FUNCTIONS.</p>			

Location(s) at which you will accept employment:					
<input type="checkbox"/> ASH FLAT	<input type="checkbox"/> BENTON	<input type="checkbox"/> CLARKSVILLE	<input type="checkbox"/> CLINTON	<input type="checkbox"/> ENGLAND	<input type="checkbox"/> MALVERN
<input type="checkbox"/> NEWPORT	<input type="checkbox"/> MELBOURNE	<input type="checkbox"/> MT VIEW	<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> CONWAY	<input type="checkbox"/> RUSSELLVILLE
SHIFTS YOU ARE WILLING TO WORK:		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
	<input type="checkbox"/> Days	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight	<input type="checkbox"/> Weekends

EDUCATION

High School or G.E.D.		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Major areas of study
Post-graduate		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Major areas of study

SKILLS & ABILITIES

List any professional licenses, certifications or registrations (indicate type, issuing authority and expiration).

List any specialized skills or abilities that should be considered in evaluating your application (machinery operation, computer and/or software application experience, foreign languages, commercial driver's license, etc.).

If applying for a clerical position, indicate typing speed (words per minute):

List any volunteer, civic or other experience that may be applicable to the position for which you are applying:

REFERENCES

Please list three professional references.

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

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE – PLEASE READ, INITIAL EACH PARAGRAPH, THEN SIGN BELOW:			
I certify that all information provided in this application is true and verifiable through an independent background investigation. I understand that providing false information is sufficient cause for immediate termination of my employment.			
I authorize all previous employers to provide Birch Tree Communities, Inc. with any and all information concerning my employment with them. I hereby release them and Birch Tree Communities, Inc. from all liability for any damages that may result from release of my employment information.			
I understand that my employment with Birch Tree Communities, Inc. is not indefinite and may be terminated at any time.			
I understand that Birch Tree Communities, Inc. derives the majority of its income from Arkansas Medicaid reimbursements and that, as an employee of Birch Tree Communities, it is my duty and a condition of my employment to report any instance of Medicaid fraud, waste or abuse of which I may become aware.			
Signature		Date	