

Richard Senior Care LLC

Application

Additional Information:

1. Are you legally authorized to work in the USA? ☐ Yes ☐ No
2. Have you ever been convicted of a felony? ☐ Yes ☐ No
3. Can you pass a pre-employment drug test? ☐ Yes ☐ No
4. How were you referred to Richard Senior Care LLC?
- ☐ Newspaper ☐ Trade Publication ☐ Job Fair/Open House ☐ Internet Site
- ☐ Company Employee – Name: _____

I understand that I **must** report all accidents to my immediate supervisor **and** to Richard Senior Care LLC - - No MATTER HOW SLIGHT. ☐ Yes

I also understand that I must wear all required personal protection equipment (PPE). ☐ Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature

ACKNOWLEDGMENT *(Please read carefully and sign)*

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Richard Senior Care LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Richard Senior Care LLC with regard to any subjects covered by this application. I also understand that in connection with my application for employment or my employment, Richard Senior Care LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Richard Senior Care LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Richard Senior Care LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Richard Senior Care LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Richard Senior Care LLC, at any time, can constitute a contract of employment. No representative or agent of Richard Senior Care LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Richard Senior Care LLC is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Richard Senior Care LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date _____