

Dear Applicant:

On behalf of the residents and staff, welcome to Meadowood!

Meadowood is not simply a place of employment, but also the home of our residents. All departments work very closely with the residents, and for that reason it takes a special kind of person to work here. Employees recognize how powerful their roles are, not only when working together as a team, but also through their own, unique and individual contributions.

We have established principles for service based on the acronym: RESPECT, which we expect all current and future employees to embrace. Qualities of Responsiveness, Environment, Service, Professionalism, Engagement, Communication, and Thoughtfulness form the basis for this model.

Among the many benefits of working at Meadowood are:

- Health, dental, vision, life and disability benefits for full-time employees
- 403(b) retirement plan and matching contributions for eligible full and part time employees
- Generous and flexible paid time off for eligible full and part time employees
- Café serving three meals per day at better prices than local restaurants
- Fitness, banking, salon and library services on site
- Educational in-service training provided on site
- Regular employee parties and celebrations
- Exciting incentive programs to strengthen our RESPECT service model

We also consider it a benefit to work with such a fine group of residents and coworkers. The people who live and work here are very special and it is a privilege to see them every day. If you are selected to work here, we believe you will agree.

Good luck to you in the selection of your new workplace!

Sincerely,

Meadowood Employees

Please continue to complete the employment application ...

Meadowood is an Equal Opportunity Employer



3205 Skippack Pike; P.O. Box 670
Worcester PA 19490-0670

Application for Employment

1. Date of application: _____

2. Please list all names you have used, starting with current name first

a. Current Name: _____
(last) (first) (middle)

b. Previous Name: _____
(last) (first) (middle)

3. Full Mailing Address: _____

4. Email: _____ Telephone: _____ Cell Phone: _____

5. Position Desired: _____

6. *Education:* Circle the highest grade completed.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

Name/Address

From

To

Grad. Date

High School – _____

College – _____

Other - _____

Special Training: _____

7. *Skills:* Please complete if applicable:

a. Registered Nurse Lic.#: _____ State: _____

b. Practical Nurse Lic.#: _____ State: _____

c. Other Licenses and #: _____ State: _____

d. Typing Speed: _____ WPM

e. Computer knowledge/skills: _____

f. Other Skills: _____

8. Are you employed now? _____ Yes _____ No

If so, may we contact your present employer? _____ Yes _____ No

9. When would you be available to begin work if offered a position of employment?

10. Have you ever been employed by Meadowood? _____ Yes _____ No

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11. Have you ever worked in a senior living community, or other health care facility? _____ Yes _____ No
 Details: _____
12. Why are you interested in working for Meadowood? _____

13. How did you learn about employment possibilities with Meadowood? If you are responding to a newspaper ad, please provide newspaper and date of ad. _____
 a. If you were referred by a current employee please print their name and the department where they work. _____
14. Are you interested in part-time? _____ Yes _____ No
 full-time? _____ Yes _____ No
 seasonal/temporary work? _____ Yes _____ No
 pool/prn work? _____ Yes _____ No
 If seasonal/temporary, please explain (include dates available):

15. Are there any hours during the day when you would not be available to work at Meadowood? If yes, please specify. _____
16. Are you available for evening and/or night shift? _____ Yes _____ No
17. Are you willing to work on weekends? _____ Yes _____ No on holidays? _____ Yes _____ No
18. Have you ever had a problem involving absenteeism or lateness? _____ Yes _____ No If yes, please explain _____
19. Have you ever been discharged from any place of employment? _____ Yes _____ No If yes, give details:
 a. Have you ever been dismissed from employment due to abuse of clients or residents?
 _____ Yes _____ No If yes, give details: _____
20. Meadowood conducts exclusion background checks. Have you been convicted of any of the offenses listed on the attached form, or do you have any history of violent crime? Have you been or are you currently excluded from participation in any Federal health care programs? _____ Yes _____ No If yes, please explain

21. Can you perform the essential functions of the position desired, as described in the job description (available from the community service associate)? _____ Yes _____ No

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22. *Employment Record* NOTE: If you used a maiden name or another name with previous employers, please give that name.

LAST JOB FIRST

| | |
|--|--|
| A. <u>Employment Dates</u>

Month & Year

From: _____
To: _____

Salary _____ per _____

Reason for Leaving: _____
_____ | <u>Name and Address of Employer:</u>

Your Job Title and Major Duties:

Person to contact for work reference (immediate supervisor)
Phone: _____
_____ |
|--|--|

| | |
|--|--|
| B. <u>Employment Dates</u>

Month & Year

From: _____
To: _____

Salary _____ per _____

Reason for Leaving: _____
_____ | <u>Name and Address of Employer:</u>

Your Job Title and Major Duties:

Person to contact for work reference (immediate supervisor)
Phone: _____
_____ |
|--|--|

| | |
|--|--|
| C. <u>Employment Dates</u>

Month & Year

From: _____
To: _____

Salary _____ per _____

Reason for Leaving: _____
_____ | <u>Name and Address of Employer:</u>

Your Job Title and Major Duties:

Person to contact for work reference (immediate supervisor)
Phone: _____
_____ |
|--|--|

23. *Personal References* Please list three (do not use relatives).

| Name and Occupation | Address | Phone | Years Known |
|---------------------|---------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

24. Are you prepared to present proof of United States citizenship or immigration status? _____ Yes _____ No

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that all statements made here are subject to verification by Meadowood and I release, indemnify and hold harmless Meadowood from and against all liability which might result from making such a verification or investigation. I agree that the contents of this application form and related reports may be used by Meadowood in any manner it may wish. I further understand that if I am under 18 years of age, and if I am hired, I must provide Meadowood with working papers when I report for work. I understand nothing contained in this application or in the granting of an interview is intended to create an employment contract between Meadowood and myself for either employment or for the granting of benefits. No promise or guarantee is binding upon Meadowood unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period, and I have the right to terminate my employment at any time and Meadowood retains a similar right. I also understand that any offer of employment is conditioned upon my successful completion of a physical examination. I further understand that for the first three months of employment I will be classified as a probationary employee and that I must satisfactorily complete a three month period of employment before I am classified as a regular employee and become entitled to the benefits of that classification.

- **I understand that Meadowood is a smoke free community**
- **I understand that Meadowood is a drug free workplace**
- **I understand that Meadowood requires employees to receive an annual flu vaccination, which is provided by Meadowood at no cost to employees**
- **I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed**

Date: _____ **Signature:** _____

MEADOWOOD CORP.
ACKNOWLEDGEMENT BY
EMPLOYEES AND APPLICANTS

To help ensure a safe, healthy and productive work environment and to protect our employees, the company, its customers, and the general public at large, Meadowood has implemented a Drug and Alcohol Abuse Screening Program.

Testing shall be for the following reasons:

Pre-Employment. All applicants MUST pass a drug test to continue the hiring process.

Random. At least 33% of the workforce shall be selected during the course of a year for drug and/or alcohol testing.

Post Accident shall be conducted on employees who are injured and incur missed work days, and in the event there is damage to company property or other properties.

Reasonable Cause shall be conducted on employees suspected of abuse of drugs or alcohol.

All drivers of company vehicles with **Commercial Drivers Licenses** must be tested under the United States Department of Transportation mandates.

Employees and applicants who refuse to submit to a drug or alcohol test, or who attempt to, or alter a urine specimen when submitting one for a drug test shall be dismissed from or denied employment.

This company takes the abuse of drugs and alcohol seriously, and we intend to enforce our policy at all times. If any employee has a problem with abusing drugs and or alcohol, please report your problem to the President/CEO or the Vice President of Human Resources. All information will be kept confidential.

Please read the following and sign this acknowledgement. It must be turned in to your supervisor prior to your next work day.

I have read the MEADOWOOD Drug and Alcohol Abuse Policy, which includes Drug and Alcohol Testing procedures and I understand this policy. I agree that I will abide by this policy if and while employed at Meadowood, and if I violate this policy I am subject to immediate dismissal. If I fail a Pre-Employment drug test, I shall be denied employment with this company.

Employee/Applicant Print Name

Manager or Supervisor

Employee/Applicant Sign Name

Date: _____

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Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997

| Offense Code | Prohibitive Offense | Type of Conviction |
|---------------------|--|----------------------------|
| CC2500 | Criminal Homicide | Any |
| CC2502A | Murder I | Any |
| CC2502B | Murder II | Any |
| CC2502C | Murder III | Any |
| CC2503 | Voluntary Manslaughter | Any |
| CC2504 | Involuntary Manslaughter | Any |
| CC2505 | Causing or Aiding Suicide | Any |
| CC2506 | Drug Delivery Resulting in Death | Any |
| CC2702 | Aggravated Assault | Any |
| CC2901 | Kidnapping | Any |
| CC2902 | Unlawful Restraint | Any |
| CC3121 | Rape | Any |
| CC3122.1 | Statutory Sexual Assault | Any |
| CC3123 | Involuntary Deviate Sexual Intercourse | Any |
| CC3124.1 | Sexual Assault | Any |
| CC3125 | Aggravated Indecent Assault | Any |
| CC3126 | Indecent Assault | Any |
| CC3127 | Indecent Exposure | Any |
| CC3301 | Arson and Related Offenses | Any |
| CC3502 | Burglary | Any |
| CC3701 | Robbery | Any |
| CC3901 | Theft | 1 Felony or 2 Misdemeanors |
| CC3921 | Theft By Unlawful Taking | 1 Felony or 2 Misdemeanors |
| CC3922 | Theft By Deception | 1 Felony or 2 Misdemeanors |
| CC3923 | Theft by Extortion | 1 Felony or 2 Misdemeanors |
| CC3924 | Theft by Property Lost | 1 Felony or 2 Misdemeanors |
| CC3925 | Receiving Stolen Property | 1 Felony or 2 Misdemeanors |
| CC3926 | Theft of Services | 1 Felony or 2 Misdemeanors |
| CC3927 | Theft By Failure to Deposit | 1 Felony or 2 Misdemeanors |
| CC3928 | Unauthorized Use of a Motor Vehicle | 1 Felony or 2 Misdemeanors |
| CC3929 | Retail Theft | 1 Felony or 2 Misdemeanors |
| CC3929.1 | Library Theft | 1 Felony or 2 Misdemeanors |
| CC3929.2 | Unlawful Possession of Retail or Library Theft Instruments | 1 Felony or 2 Misdemeanors |
| CC3930 | Theft of Trade Secrets | 1 Felony or 2 Misdemeanors |
| CC3931 | Theft of Unpublished Dramas or Musicals | 1 Felony or 2 Misdemeanors |
| CC3932 | Theft of Leased Properties | 1 Felony or 2 Misdemeanors |
| CC3933 | Unlawful Use of a Computer | 1 Felony or 2 Misdemeanors |
| CC3934 | Theft from a Motor Vehicle | 1 Felony or 2 Misdemeanors |
| CC4101 | Forgery | Any |
| CC4114 | Securing Execution of Documents by Deception | Any |
| CC4302 | Incest | Any |
| CC4303 | Concealing Death of a Child | Any |
| CC4304 | Endangering Welfare of a Child | Any |
| CC4305 | Dealing in Infant Children | Any |
| CC4952 | Intimidation of Witnesses of Victims | Any |
| CC4953 | Retaliation Against Witness or Victim | Any |
| CC5902B | Promoting Prostitution | Felony |
| CC5903C | Obscene and Other Sexual Materials to Minors | Any |
| CC5903D | Obscene and Other Sexual Materials | Any |

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| Offense Code | Prohibitive Offense | Type of Conviction |
|---------------------------|--|---------------------------|
| CC6301 | Corruption of Minors | Any |
| CC6312 | Sexual Abuse of Children | Any |
| CS13A12 | Acquisition of Controlled Substance by Fraud | Felony |
| CS13A14 | Delivery by Practitioner | Felony |
| CS13A30 | Possession with Intent to Deliver | Felony |
| CS13A35
(i),(ii),(iii) | Illegal Sale of Non-Controlled Substance | Felony |
| CS13A36 | Designer Drugs | Felony |
| CS13Axx | Any Other Felony Drug Conviction Appearing on a PA Rap Sheet | Felony |