

## **JOB APPLICATION INSTRUCTIONS**

To be considered for employment with JSC Lake Highlands Operations, LP applicants must first complete and submit a full application package which includes all completed forms with required signatures. Please download the application package, print the forms out, complete them in pen, scan them back into a digital format. The completed digital file may then be emailed to our human resource department at [HR@VOLH.com](mailto:HR@VOLH.com).

- To be acted upon, the application package must include the following forms:
  1. Application for Employment
  2. Consent & Authorization for Background Check
  3. Consent & Authorization for Release of Information
  4. Consent & Authorization to Drug Screening
  5. Consent & Authorization for DPS Computerized Criminal History Verification
  
- You may include a resume with your submission if you have one prepared; however, all required forms in the application package must also be completed and submitted.
  
- In addition to the application package there are three notices (four pages) for your review and consideration. Please review this documentation; however, you do not need to include these notices with your application package submission.

# APPLICATION FOR EMPLOYMENT

## Applicant Information

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Available to start: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Required Salary: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you authorized to work in the U.S.? ☐ YES ☐ NO

What type of employment are you seeking? ☐ Full Time ☐ Part Time ☐ PRN What are your preferred shifts? ☐ Day ☐ Evening ☐ Night

Do you understand the essential functions and physical requirements of the job you are applying for? ☐ YES ☐ NO

Are you able to perform the essential functions and physical requirements of the job with or without reasonable accommodation? ☐ YES ☐ NO

If an accommodation is necessary, describe: \_\_\_\_\_

If the position involves operating a motor vehicle, do you have a valid operator's license? ☐ YES ☐ NO

If yes, please provide the state and license number: \_\_\_\_\_

Have you ever had an operator's license revoked or suspended? ☐ YES ☐ NO

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ YES ☐ NO Degree: \_\_\_\_\_

What certifications and/or licenses do you currently hold?

Type \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

Retain in General Personnel Folder

# APPLICATION FOR EMPLOYMENT

## Previous Employment

List below current and previous employers for the past seven years. You may use additional pages, if needed. Failure to disclose current and previous employment may result in the denial or termination of employment.

Company 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your current supervisor for a reference? ☐ ☐

Company 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference? ☐ ☐

Company 3: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference? ☐ ☐

Company 4: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference? ☐ ☐

Company 5: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference? ☐ ☐

Have you ever been discharged or terminated from employment or been asked to resign? YES NO  
☐ ☐  
If yes, explain: \_\_\_\_\_

Retain in General Personnel Folder

# APPLICATION FOR EMPLOYMENT

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application, my resume, or my interview may result in my release.*

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

***The company is an Equal Opportunity Employer and does not discriminate with respect to any employment decision on the basis of race, sex, religion, national origin, age, disability, veteran status or any category protected by law.***

***In compliance with federal law, all persons hired are required to verify both their identity and their eligibility to work in the United States. All new employees will be required to complete IRS Form I-9 on their first day of employment, including the submission of all documentation and forms of identification required by the form. This company will not sponsor any applicants for work visas to include H-1B or other forms of employment-based immigration.***

## CONSENT & AUTHORIZATION FOR BACKGROUND CHECK

I, hereby authorize JSC Lake Highlands Operations, LP and/or Celebration Senior Care, LLC (the Facility or the Company) to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand the Company may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

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Signature of Employee

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Date

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Employee's Name - Printed

## CONSENT & AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize JSC Lake Highlands Operations, LP and/or Celebration Senior Care, LLC (the Facility or the Company) and any of its agents designated Facility Personnel to disclose orally and in writing the results of this verification process and/or interview the designated authorized representative of this Facility.

The Texas Legislature mandates that each licensed and unlicensed employee must be checked through the Employee Misconduct Registry and the Certified Nurse Aide Registry. These registries list persons having abused, neglected, exploited, or misappropriated resident or consumer property. If your name is listed on either registry you may not be employed at this Facility.

I have read and understand this release and consent, and I authorize the background verification. I also understand that this check will be done on an at least annual basis going forward. I authorize persons, schools, current and former employers, personal references and other organizations and agencies to provide the Facility with all information that may be requested, and to conduct a verification as deemed necessary by the Facility to fulfill the job requirements with regards to my motor vehicle records, to receive any criminal history record, information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in any State. I hereby release all persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept confidential and disclosed orally and in writing only to the designated authorized representatives of the Facility and its agents. I understand that criminal history information obtained indicating evidence of criminal activity will be grounds for immediate termination of employment with the Facility.

I do hereby agree to forever release, discharge, and indemnify the Facility and its agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses or any other charge or complaint filed with any agency arising from the retrieving and reporting of this information.

Name:	
Signature:	
Social Security Number:	
Date of Birth:	
Maiden Name, if applicable:	
Current Address:	
Country:	
Length of Residence at Current Address:	
Driver's License Number:	
State Issuing Driver's License:	
Any Additional Comments:	

Retain in General Personnel Folder

# **CONSENT & AUTHORIZATION TO DRUG SCREENING**

## **Job Applicant and Employee**

I hereby agree, upon a request made under the drug/alcohol testing policy of JSC Lake Highlands Operations, LP and/or Celebration Senior Care, LLC (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Name: \_\_\_\_\_

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

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

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



# ELDER JUSTICE ACT

## NOTICE TO ALL EMPLOYEES

IF YOU HAVE REASONABLE SUSPICION THAT A CRIME HAS OCCURRED AGAINST A RESIDENT OR PERSON RECEIVING CARE AT THIS FACILITY, FEDERAL LAW REQUIRES THAT YOU REPORT YOUR SUSPICION DIRECTLY TO BOTH LAW ENFORCEMENT AND THE STATE SURVEY AGENCY

If you believe the crime involves serious bodily injury including criminal sexual abuse to the resident, you must report it immediately, but no later than 2 hours after forming the suspicion.

OR

If the crime does not appear to cause serious bodily injury to the resident you must report it within 24 hours after forming the suspicion.

### WHO MUST REPORT

- Individuals who must comply with this law are: owner(s), operators, employees, managers, agents or contractors of this Long Term Care ("LTC") facility. This law applies to the above individuals associated with nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR).

### PENALTIES FOR NOT REPORTING

- Individuals who fail to report are subject to a civil monetary penalty of up to \$300,000 and possible exclusion from participation in any Federal health care program as an "excluded individual."

### NO PENALTIES FOR REPORTING

- An LTC facility cannot punish or retaliate against you for lawfully reporting a crime under this law. Examples of punishment or retaliation include: firing/discharge, demotion, threatening these actions, harassment, and denial of a promotion or any other employment-related benefit or any discrimination against an employee in the terms and conditions of employment. In addition, a facility may not file a complaint or a report against a nurse or other licensed individual or employee with the state professional disciplinary agencies because the individual lawfully reports the suspicion of a crime.
- Employees can file a complaint with the state survey agency against the facility if there is retaliation for reporting, causing a report to be made, or for taking steps in furtherance of making a report of a reasonable suspicion of a crime to the appropriate authorities.

### HOW DO I REPORT

- Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency.
- Multiple individuals can report a suspicion of a crime jointly and will be considered in compliance with the law. However, an individual may report the suspicion separately if he/she chooses to do so and the facility may not prevent an individual from reporting.

Contact the following agencies regarding the suspicion of a crime at Villages of Lake Highlands

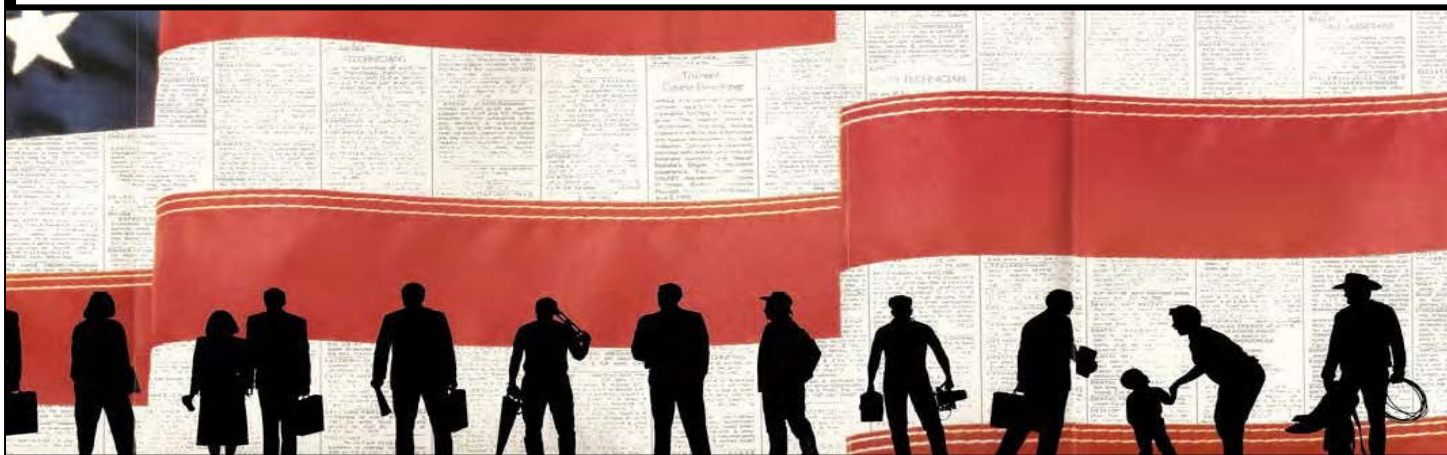
If an emergency: Dial 911

If non-emergency: Dallas Police Department, Northeast Division, 214-670-4415

Texas Health & Human Services Complaint Hotline 800-458-9858

To file a complaint because you believe you have been punished or retaliated against for reporting the suspicion of a crime, contact the Texas Health & Human Services Complaint Hotline 800-458-9858 or email the complaint to [complaints@hhsc.state.tx.us](mailto:complaints@hhsc.state.tx.us)

# IF YOU HAVE THE RIGHT TO WORK



## Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

### You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

### Contact IER

For assistance in your own language

Phone: 1-800-255-7688

TTY: 1-800-237-2515

Email us

[IER@usdoj.gov](mailto:IER@usdoj.gov)

Or write to

U.S. Department of Justice – CRT  
Immigrant and Employee Rights – NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —  
IMMIGRANT & EMPLOYEE RIGHTS SECTION  
— CIVIL RIGHTS DIVISION —

## Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

[www.justice.gov/ier](http://www.justice.gov/ier)

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



## Sample Only Sólo muestra

This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

### E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

### E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

**[dhs.gov/e-verify](https://dhs.gov/e-verify)**



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## Form I-9, Employment Eligibility Verification

The U.S. Department of Homeland Security's employment eligibility process requires that employees must present, to their employer, evidence of identity **and** employment eligibility within three business days of the date employment begins. If an employee is authorized to work, but is unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days.

### LISTS OF ACCEPTABLE DOCUMENTS

You may provide a document from List A which establishes both identity and employment eligibility or you may provide a document from List B (establishing your identity) and a document from List C (establishing your employment eligibility).

<b>LIST A</b> <b>Documents that Establish Both</b> <b>Identity <u>and</u> Employment</b> <b>Eligibility</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish</b> <b>Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish</b> <b>Employment Eligibility</b>
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. Social card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State ( <i>form FS-545 or Form DS-1350</i> )
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card ( <i>Form I-197</i> )
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States ( <i>Form I-179</i> )
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS ( <i>other than those listed under List A</i> )
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report		
		11. Clinic, doctor, or hospital record		
		12. Daycare or nursery school record		