



An Equal Opportunity Employer

Employment Application

Applicants requiring reasonable accommodation to the application and/or interview process should notify us.

PERSONAL INFORMATION:

Name (Last, First, Middle Initial), Social Security Number, Present Address (Street, City, State, Zip Code), Telephone Number, Permanent Address (Street, City, State, Zip Code), Telephone Number, If you cannot be reached at above telephone number, where may we contact you? Telephone, Name of Person

EMPLOYMENT DESIRED:

Type of Work/Position Desired:

Will you accept another position? Yes No If so, what?

Shift Desired: Are you available to work: Weekends? Rotating Shifts? Holidays? On Call?

How did you learn of this opening?

Will you accept employment of: Full Time Part Time Temporary

Date Available: If under 18 years of age, do you have a work permit? Yes No

Have you ever applied to any Laurel facility before? Yes No If yes, when and where?

Have you ever worked for any Laurel facility before? Yes No If yes, when and where? Supervisor Reason for Leaving

List any friends or relatives working for this Laurel facility:

(Name) (Relationship) (Name) (Relationship) (Name) (Relationship) (Name) (Relationship)

Do you limit your annual earnings due to Social Security or other reasons? Yes No If yes, please state what is the maximum amount you wish to earn per year

EDUCATION/TRAINING:

High School: _____
(Name and Address of School)

Courses Taken: _____
Did You Graduate? Yes No Diploma, Degree or Certificate Received: _____

College: _____
(Name and Address of School)

Courses Taken: _____
Did You Graduate? Yes No Date ___/___/___ If Yes,
Diploma, Degree or Certificate Received _____

Special Training: _____
(Name and Address of School)

Courses Taken: _____
Did You Graduate? Yes No Date ___/___/___ If Yes,
Diploma, Degree or Certificate Received _____

Other Classes/Training: _____

Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Services or other qualifications you have which are related to the position for which you are applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

_____ (Type)	_____ (Organization or State Issued)	_____ (Date Issued)	_____ (Number)
_____ (Type)	_____ (Organization or State Issued)	_____ (Date Issued)	_____ (Number)
_____ (Type)	_____ (Organization or State Issued)	_____ (Date Issued)	_____ (Number)

MILITARY:

Did you serve in the Military? Yes No If yes, did you have an honorable discharge? Yes No

Have you ever been convicted of a crime, other than routine traffic violations? Yes No If yes, for what, when, and where?

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

EMPLOYMENT HISTORY: (List current (or most recent) employer first and all others in reverse chronological order)

Company Name: _____
Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code)
Position Title: _____ Immediate Supervisor's Name and Title: _____
Job Description and Responsibilities: _____
Dates Employed: From _____ Month/Year To _____ Month/Year
Starting Salary \$ _____ Ending Salary \$ _____
May we contact your current employer for reference? Yes No
Reason for Leaving: _____

Company Name: _____
Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code)
Position Title: _____ Immediate Supervisor's Name and Title: _____
Job Description and Responsibilities: _____
Dates Employed: From _____ Month/Year To _____ Month/Year
Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving: _____

Company Name: _____
Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code)
Position Title: _____ Immediate Supervisor's Name and Title: _____
Job Description and Responsibilities: _____
Dates Employed: From _____ Month/Year To _____ Month/Year
Starting Salary \$ _____ Ending Salary \$ _____
Reason for Leaving: _____

REFERENCES: (List three references; Please include previous co-workers)

Name and Relationship: _____ Occupation: _____
Address (if known): _____ Telephone: _____

Name and Relationship: _____ Occupation: _____
Address (if known): _____ Telephone: _____

Name and Relationship: _____ Occupation: _____
Address (if known): _____ Telephone: _____

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the Company is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the Company's service, whenever it is discovered.

I expressly authorize, without reservation, the Company, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, in my resume or in any job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that employment is contingent on passing a criminal records check. I consent to take a physical examination, and such further physical examinations as may be required by the Company at such times and places as the Company shall designate. I understand that an offer of employment may be contingent on passing a physical examination which relates to the essential duties I would be required to perform.

I understand that the Company may require me temporarily to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my department head or the administrator of the facility. I understand that if my availability status changes, it is my responsibility to notify my department head or the administrator of the facility.

I understand that the Company does not unlawfully discriminate in hiring or any other decision on the basis of race, color, sex, height, weight, age, citizenship, national origin, ancestry, Vietnam era veteran status, familial status, marital status, pregnancy, childbirth or related medical conditions, or on the basis of physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I understand that if I am hired, my employment is "AT WILL". This means that I am free to resign at any time, with or without cause and without prior notice, and the Company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Company's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____

Laurel Health Care

Laurel Health Care - Corporate - KUA

WOTC Program

Instructions for Completing IRS Form 8850

Applicant:

Laurel Health Care - Corporate participates in a federal program called the Work Opportunity Tax Credit (WOTC). All potential employees go through this screening process. This program gives a tax credit to companies who hire individuals from certain targeted groups. In order to determine if you might qualify our company for a tax credit, you will need to complete, sign and date the attached IRS Form 8850. Please use blue ink and print clearly when completing this form. Thank you.

IRS Form 8850 should be completed when you're filling out an employment application. Please ensure that you:

- **Complete** the top portion of the form with your information.
- **Read and Check** any of the five boxes that apply to you or your family, and
- **Sign** and date the bottom of the form.

Once completed, this form should be returned with your employment application.

Thank you for your participation.

Laurel Health Care - Corporate - KUA

WOTC SCREENING PROCEDURE – Instruction Page

ALL NEW-HIRES MUST BE SCREENED FOR WOTC BY FOLLOWING THESE SIMPLE STEPS:

I. Place a copy of the IRS Form 8850 & Instruction Page with each employment application.

All applicants must complete, sign and date the IRS Form 8850 at the time they complete an employment application. It is very important for the person who collects the completed applications to review and ensure that the IRS Form 8850 is completed and includes a signature and date.

II. On the employee's first day of work / orientation day, follow the steps below.

1. Obtain the IRS Form 8850 completed by the new employee during the application process.
 2. Have the new employee complete, sign and date the Tax Credit Worksheet (Form TCW) and the Youth Self-Attestation Form (Form ETA 9154).
 3. If included, also have the new employee complete, sign and date the State Tax Credit Form.
 4. Facility Contact must then complete the Employer's Section on the bottom of the Tax Credit Worksheet (Form TCW) with the following information.
 - **Gave Information Date** (*the date the new employee signed and dated the IRS Form 8850*)
 - **Job Offer Date** (*the date the new employee was offered the job*)
 - **Job Start Date** (*the date they start working for the company*)
 - **Job Title & Starting Rate of Pay**
 5. Facility Contact must immediately mail all completed forms (IRS Form 8850, Form TCW, Form ETA 9154 and if included any state form) to Hiring Incentives at the address below. Also include a copy of the employee's ID that shows their date of birth and/or home address. It is important that all forms sent contain an original signature, otherwise they will be rejected by the state.
- HII must receive the forms immediately after the person is hired. Federal guidelines place a strict deadline on submission of the forms after a person has been hired and if the forms are not prepared and submitted timely, any potential credit for that employee is lost.
6. Finally, enter the new hire's name and the date that you mail the completed forms to HII on the **WOTC Mailing Control Sheet** for your records.

Mailing Address- US Postal Service

Hiring Incentives, Inc.
Attn: Paper Process
P.O. Box 1620
Clarksburg, MD 20871

Location- Overnight Packages

Hiring Incentives, Inc.
Attn: Paper Process
438 North Frederick Avenue, Suite 480
Gaithersburg, MD 20877

We understand that on certain occasions an applicant may not want to participate in the WOTC process. We ask that you first explain the process to them and encourage their participation. However, if they still are refusing to participate, please have them complete the forms with their name, Social Security number and where they would normally sign, they should write the word "Refusal". Those forms should then be sent back to HII so we can process and track them for compliance purposes.

WOTC Mailing Control Sheet

Facility Name: Laurel Health Care - Corporate

Location # KUA

All new employees must complete the WOTC Screening process using the forms provided in the manual. Those forms should then be mailed to Hiring Incentives no later than the day the new hire starts work. The screening is necessary to determine if Laurel Health Care will receive a tax credit for hiring the applicant. You can use this Control Sheet to help keep track of the forms which you have mailed. If you have any questions on the procedures, you can contact Hiring Incentives at **1-866-211-0895**.

	Employee Name	Date Mailed	Comments/Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

You Do Not Need to Mail This WOTC Control Sheet to Hiring Incentives
Please keep this for your records.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number () - _____

If you are under age 40, enter your date of birth (month, day, year) ____ / ____ / ____

1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

5 Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past ____ years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶

Date / /



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: _____

Social Security Number: _____ Date of Birth: _____

Employer Name: Laurel Health Care - Corporate

Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: _____ Date _____

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of Information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.