



Hearthstone

AT MURRAYHILL

Thank you for your interest in becoming part of the Hearthstone Team. We think you will find our approach to caring for and serving our residents different from that of most other facilities and we think that is the secret of our success.

In accordance with the Department of Homeland Security, all potential employees must provide documents that verify employment eligibility to work in the U.S.

Completed applications may be mailed to Hearthstone at Murrayhill, Attn: HR Dept., 10880 SW Davies Road, Beaverton, OR 97008, may be dropped off at the Reception Desk at that same address or may be faxed to 503.521.3272.

PLEASE PRINT

LAST NAME _____ FIRST NAME _____ MI ____ TODAY'S DATE _____

ADDRESS _____ CITY _____ STATE ____ ZIPCODE _____

HOME PHONE _____ MESSAGE/CELL PHONE _____ EMAIL _____

PLEASE INDICATE THE POSITION(S) THAT YOU ARE INTERESTED IN AND QUALIFIED FOR:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Dining Room Server | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Med Aide | <input type="checkbox"/> Cook | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Kitchen Help / Utility | <input type="checkbox"/> Other _____ |

HOW DID YOU HEAR ABOUT HEARTHSTONE? _____

WHY DO YOU BELIEVE YOU WOULD MAKE A GOOD ADDITION TO THE HEARTHSTONE TEAM?

WHAT TYPE OF WORK SITUATION ARE YOU INTERESTED IN? (Check all that apply)

Full-time Part-time (____ hrs/week) Regular Casual/On-call Other _____

ARE YOU CURRENTLY EMPLOYED? Yes No

WOULD HEARTHSTONE BE YOUR ONLY OR PRIMARY JOB? Yes No

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? Yes No

IF UNDER 18, DO YOU HAVE A WORK PERMIT? Yes No

HAVE YOU WORKED AT A HEARTHSTONE FACILITY BEFORE? Yes No IF SO, WHEN? _____

HAVE YOU WORKED IN THE ASSISTED-LIVING, HEALTH CARE OR HOSPITALITY INDUSTRY BEFORE? Yes No

PLEASE INDICATE WHAT HOURS YOU WILL BE AVAILABLE TO WORK: (As a resident care facility, Hearthstone is open 24/7)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAYS							
EVENINGS							
NIGHTS							

EMPLOYMENT HISTORY (Please list your most recent job first)

COMPANY _____ START DATE _____ END DATE _____
 ADDRESS _____ CITY _____ STATE _____ PHONE # _____
 SUPERVISOR'S NAME _____ HIS/HER TITLE _____
 TITLE(S) AND TYPE OF WORK: _____
 _____ REASON FOR LEAVING _____

May we contact your current employer? _____

COMPANY _____ START DATE _____ END DATE _____
 ADDRESS _____ CITY _____ STATE _____ PHONE # _____
 SUPERVISOR'S NAME _____ HIS/HER TITLE _____
 TITLE(S) AND TYPE OF WORK: _____
 _____ REASON FOR LEAVING _____

COMPANY _____ START DATE _____ END DATE _____
 ADDRESS _____ CITY _____ STATE _____ PHONE # _____
 SUPERVISOR'S NAME _____ HIS/HER TITLE _____
 TITLE(S) AND TYPE OF WORK: _____
 _____ REASON FOR LEAVING _____

COMPANY _____ START DATE _____ END DATE _____
 ADDRESS _____ CITY _____ STATE _____ PHONE # _____
 SUPERVISOR'S NAME _____ HIS/HER TITLE _____
 TITLE(S) AND TYPE OF WORK: _____
 _____ REASON FOR LEAVING _____

AFTER READING THE STATEMENTS BELOW, PLEASE SIGN AND DATE THIS APPLICATION IN THE SPACE PROVIDED. BECAUSE YOUR SIGNATURE INDICATES AN UNDERSTANDING OF AND AGREEMENT WITH EACH STATEMENT, PLEASE ASK FOR CLARIFICATION IF YOU DO NOT UNDERSTAND ANY PART OF THIS APPLICATION.

I understand that all employees of Hearthstone are hired and evaluated not only on the basis of their knowledge, skills and abilities as they relate to specific job duties, but also on legitimate work-related criteria such as attitude, dependability, initiative and a capacity for truly caring for Hearthstone's residents, resulting in both individual success and the fulfillment of stated mission, vision and values.

I understand that as an employee of Hearthstone, I am also a "guest" in the "home" of the residents, and as such I must demonstrate patience, flexibility and respect, be an effective communicator, (listening, speaking and writing), and maintain a clean, well-kept appearance at all times.

I understand that this application remains current for only 30 days and that a representative of Hearthstone will contact me within that timeframe if a job opportunity exists that is a good match for my interests and experience.

I understand that Hearthstone does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by law.

I understand that the hiring process includes reference checks, criminal background check, post-offer drug screen and verification of employment eligibility, and agree to provide the information necessary to complete these processes, (including social security number and birth date), in an effective and timely manner. I give my authorization to all parties involved in this process to verify information provided during the hiring process and my suitability for employment at Hearthstone, and release them from any/all liability as long as the information is provided and used lawfully and in good faith. I also understand that any offer of employment is contingent on my successfully completing all aspects of the hiring process.

I understand that if I am hired, my employment is "at-will" meaning that Hearthstone or I may end the employment relationship at any time, with or without cause and with or without prior notice, except as prohibited by law. I further understand that this "at will" status cannot be changed except in a written agreement specifically addressing this status and signed by me, the General Administrator of the facility and a member of Hearthstone Management Services.

I certify that all information I have provided as part of the application process is true, complete and accurate, and that if any information is found to be false or misleading, I will be eliminated from consideration for employment or immediately discharged once hired, whenever it is discovered.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE APPLICATION PROCESS STATED ABOVE.

SIGNATURE OF APPLICANT _____ DATE _____