



Pioneer Place Memory Haven is committed to providing C.A.R.E.
Compassion and Respect Everyday

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**Welcome to Pioneer Place Memory Haven (PPMH), an assisted-living facility specializing in Alzheimer’s and dementia related care. We look forward to welcoming you to our team!**

Continuous employment with PPMH is contingent upon meeting the following Washington State requirements:

**Long-Term Care Workers must fall into one of the following categories:**

- A current Certified Nursing Assistant License
- A current Home Care Aide License
- Exempt status (Worked in long-term care in 2011(In the state of Washington), Proof of Employment, Certificate of Completion Fundamentals of Care). Will be required to obtain N.A.R.

*PPMH will also consider candidates who are willing to/or actively enrolled in a C.N.A. or H.C.A. program or have just completed a program and are waiting to test (must be completed within 120 days of hire).*

**Upon Employment:**

- Complete a TB test
- Pass a Drug Screen test
- Pass a Washington State Patrol Background Check
- Pass an FBI Fingerprint Check
- Must have a current CPR/First Aid card – Within 30 days
- Complete Basic Training (HCA Course, C.N.A. class) – Within 120 days of starting class
- Complete HCA or C.N.A. Certification – Within 150 days of initial class
- Complete the Dementia Training Course – Within 90 days
- Complete the Mental Health Training Course – Within 90 days
- 12 Continuing Education Credits per year (6 must be Dementia) – By Birthday
- Annual renewal of all required certifications (C.N.A., N.A.R., H.C.A)

Mental Health and Dementia Classes will be offered at no expense to PPMH employees at intervals (outside of scheduled work hours) or a list of community providers will be made available to be completed at your expense.

All classes will be the sole responsibility of the worker to obtain within indicated days of hire at PPMH. All classes will be paid for by the worker. All annual certifications and continuing education credits are the responsibility of the employee to be kept current and active. Employees of PPMH will be removed from the active schedule for failure to comply in accordance with Washington Administrative Code 388-112.

The position you are applying for demands good physical and mental health. The position may require you to lift, carry, walk, sit, push, pull, and you must be able to move continuously during working hours and be able to lift and/or carry up to 50 pounds.

Visible piercings/tattoos must be removed or covered while at work.

Candidates for employment will be invited post-interview for an Un-paid Orientation Day at PPMH. Job offers will be made at the end of the day to successful applicants. This will be the time you accept an offer of employment. By signing below you acknowledge you are physically fit/able to perform the functions of this position and agree with the contents of this document.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# PIONEER PLACE MEMORY HAVEN

## Employment Application

The Civil Rights Act of 1964 prohibits discrimination in employment due to race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental issues, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to, information regarding credit data, personal character, general reputation and mode of living. **This list only covers some of the grounds on which discrimination is prohibited.**

| APPLICANT INFORMATION                                         |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
|---------------------------------------------------------------|--|------------------------------|---------------------|-----------------------------|--------------|------------------------------------------------|------------------|------------------------------|-----------------------------|--------------------------------|
| Last Name                                                     |  |                              |                     | First                       |              |                                                | M.I.             |                              | Date                        |                                |
| Street Address                                                |  |                              |                     |                             |              |                                                | Apartment/Unit # |                              |                             |                                |
| City                                                          |  |                              |                     | State                       |              |                                                | ZIP              |                              |                             |                                |
| Phone                                                         |  |                              |                     | E-mail Address              |              |                                                |                  |                              |                             |                                |
| Date Available                                                |  |                              | Social Security No. |                             |              |                                                | Desired Salary   |                              |                             |                                |
| Position Applied for                                          |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| Are you a citizen of the United States?                       |  | YES <input type="checkbox"/> |                     | NO <input type="checkbox"/> |              | If no, are you authorized to work in the U.S.? |                  | YES <input type="checkbox"/> |                             | NO <input type="checkbox"/>    |
| Have you ever worked for this company?                        |  | YES <input type="checkbox"/> |                     | NO <input type="checkbox"/> |              | If so, when?                                   |                  |                              |                             |                                |
| Are you over 18 years of age?                                 |  | YES <input type="checkbox"/> |                     | NO <input type="checkbox"/> |              | Preferred Shift                                |                  | AM <input type="checkbox"/>  | PM <input type="checkbox"/> | NIGHT <input type="checkbox"/> |
|                                                               |  |                              |                     |                             |              | 6:30a-2:45p                                    | 2:30p-10:45p     | 10:30p-6:45a                 |                             |                                |
| Do you have a relative that works for this company? Yes or No |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| EDUCATION                                                     |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| <b>High School</b>                                            |  |                              |                     |                             | Address      |                                                |                  |                              |                             |                                |
| From                                                          |  | To                           |                     | Did you graduate?           |              | YES <input type="checkbox"/>                   |                  | NO <input type="checkbox"/>  |                             | Degree                         |
| <b>College</b>                                                |  |                              |                     |                             | Address      |                                                |                  |                              |                             |                                |
| From                                                          |  | To                           |                     | Did you graduate?           |              | YES <input type="checkbox"/>                   |                  | NO <input type="checkbox"/>  |                             | Degree                         |
| <b>Other</b>                                                  |  |                              |                     |                             | Address      |                                                |                  |                              |                             |                                |
| From                                                          |  | To                           |                     | Did you graduate?           |              | YES <input type="checkbox"/>                   |                  | NO <input type="checkbox"/>  |                             | Degree                         |
| REFERENCES                                                    |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| <i>Please list three professional references.</i>             |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| <b>Full Name</b>                                              |  |                              |                     |                             | Relationship |                                                |                  |                              |                             |                                |
| Company                                                       |  |                              |                     |                             | Phone ( )    |                                                |                  |                              |                             |                                |
| Address                                                       |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| <b>Full Name</b>                                              |  |                              |                     |                             | Relationship |                                                |                  |                              |                             |                                |
| Company                                                       |  |                              |                     |                             | Phone ( )    |                                                |                  |                              |                             |                                |
| Address                                                       |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |
| <b>Full Name</b>                                              |  |                              |                     |                             | Relationship |                                                |                  |                              |                             |                                |
| Company                                                       |  |                              |                     |                             | Phone ( )    |                                                |                  |                              |                             |                                |
| Address                                                       |  |                              |                     |                             |              |                                                |                  |                              |                             |                                |

| PREVIOUS EMPLOYMENT                                                                                               |                    |                    |  |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company                                                                                                           |                    | Phone ( )          |  |
| Address                                                                                                           |                    | Supervisor         |  |
| Job Title                                                                                                         | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                  |                    |                    |  |
| From                                                                                                              | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company                                                                                                           |                    | Phone ( )          |  |
| Address                                                                                                           |                    | Supervisor         |  |
| Job Title                                                                                                         | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                  |                    |                    |  |
| From                                                                                                              | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company                                                                                                           |                    | Phone ( )          |  |
| Address                                                                                                           |                    | Supervisor         |  |
| Job Title                                                                                                         | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                  |                    |                    |  |
| From                                                                                                              | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

Please list all job related experiences, skills, or other qualifications which you feel would be applicable to the position for which you are applying.

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Please check the box if you currently have any of the following documents, certificates, licenses, or other.

(Check all that apply)

- CPR / 1<sup>st</sup> Aid
- Fundamentals of Caregiving Certificate
- Letter of Exemption (Worked as Caregiver in 2011)
- Dementia Training Certificate
- Mental Health Training Certificate
- Nurse Delegation Certificate
- CNA Certificate
- HCA Certificate
- NAR Certificate
- LPN License
- RN License
- Other:

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**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 or interview may result in my release.

Signature

Date

For Office Use Only

Employee ID Number:

**Pioneer Place Memory Haven**  
**Previous Employer Reference Check**  
**253.284.0398 fax**

Applicant Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Company Providing Reference: (Previous employer) \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ Contact Name & Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

I authorize the release to Pioneer Place Memory haven of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

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

**APPLICANT DO NOT WRITE BELOW THIS LINE**

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The individual above has applied for the position of: \_\_\_\_\_ with Pioneer Place Memory Haven. To comply with good employment practices, please furnish the information requested below. Any and all information will be held in the strictest confidence and not divulged to the applicant. Your reply will be greatly appreciated.

Pioneer Place Memory Haven Representative: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>PLEASE CHECK MOST APPROPRIATE BOX</b> | <b>EXCELLENT</b> | <b>GOOD</b> | <b>FAIR</b> | <b>UNSATISFACTORY</b> | <b>NOT EVALUATED</b> |
|------------------------------------------|------------------|-------------|-------------|-----------------------|----------------------|
| Quality of work                          |                  |             |             |                       |                      |
| Attendance record                        |                  |             |             |                       |                      |
| Dependability                            |                  |             |             |                       |                      |
| Working Relationship with coworkers      |                  |             |             |                       |                      |
| Working relationship with clients        |                  |             |             |                       |                      |
| Skills related to the job                |                  |             |             |                       |                      |

Are the above employment dates correct? \_\_\_ YES \_\_\_ NO If no, please correct dates: \_\_\_\_\_ to \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Would you rehire this individual? \_\_\_ YES \_\_\_ NO Do you recommend this applicant for employment? \_\_\_ YES \_\_\_ NO

Are you aware of any incident for which this individual was convicted of having abused, neglected, or mistreated an individual?

If yes, please provide the dates and circumstances on an attachment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your fast response. Please fax this form back to Angela Mays, Admin at 253-539-4012**  
**11519 24<sup>th</sup> Ave East \* Tacoma, WA 98445**  
**253-539-3410 office \* 253-284-0398 fax \* Angelam@pioneerplacememoryhaven.com**

**Pioneer Place Memory Haven**  
**Previous Employer Reference Check**  
**253.284.0398 fax**

Applicant Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Company Providing Reference: (Previous employer) \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ Contact Name & Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

I authorize the release to Pioneer Place Memory haven of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

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

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Pioneer Place Memory Haven Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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|------------------------------------------|------------------|-------------|-------------|-----------------------|----------------------|
| Quality of work                          |                  |             |             |                       |                      |
| Attendance record                        |                  |             |             |                       |                      |
| Dependability                            |                  |             |             |                       |                      |
| Working Relationship with coworkers      |                  |             |             |                       |                      |
| Working relationship with clients        |                  |             |             |                       |                      |
| Skills related to the job                |                  |             |             |                       |                      |

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Reason for separation: \_\_\_\_\_

Would you rehire this individual? \_\_\_\_ YES \_\_\_\_ NO Do you recommend this applicant for employment? \_\_\_\_ YES \_\_\_\_ NO

Are you aware of any incident for which this individual was convicted of having abused, neglected, or mistreated an individual?

If yes, please provide the dates and circumstances on an attachment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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