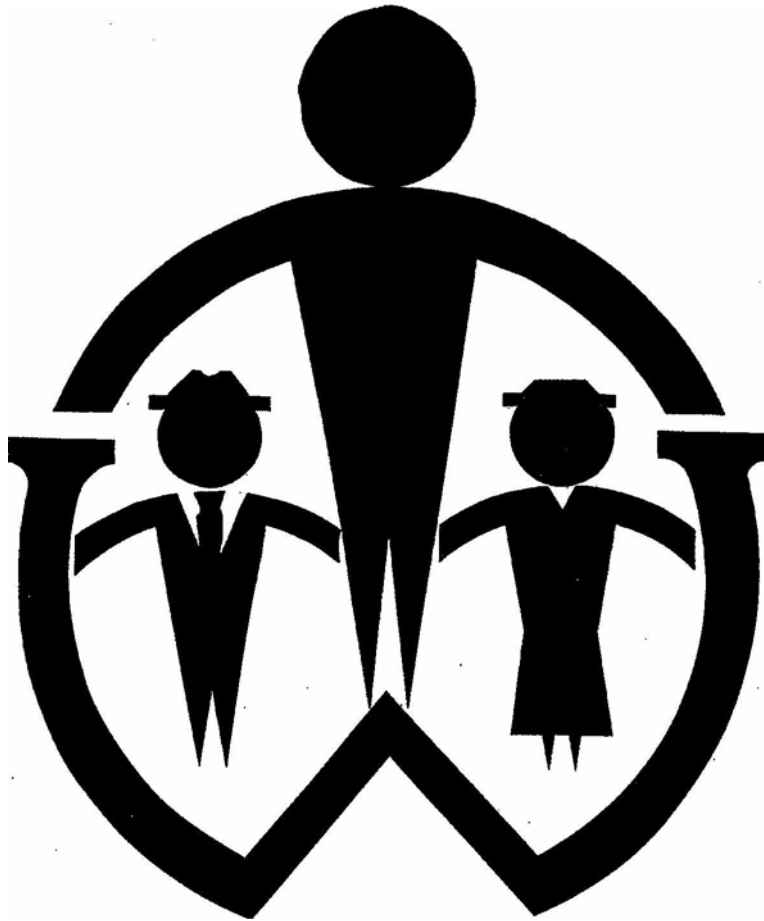


◆ THE WOOD GROUP ◆



EMPLOYMENT APPLICATION FORM

THE WOOD GROUP
APPLICANT INSTRUCTIONS

Thank you for your interest in working for our company. We believe that our people make us successful, and the employment process is an important aspect of building our team. We appreciate your interest and are glad you have shown an interest in joining our team. This sheet is for your information. Please tear it off and keep for reference.

Please complete the attached application and authorization for release of information form. Please print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date the application and the *Release of Employment Records*. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. Incomplete applications will not be considered. As part of this application you will be furnished a job description that will contain the essential functions of the job. If it has not been supplied to you, it is your responsibility to ask for one.

We will keep your application on file for six (6) months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for this position, an interview will be arranged. It is not necessary for you to contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number should change.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers, and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age (as defined by law).

We appreciate your cooperation.

THE WOOD GROUP
APPLICATION FOR EMPLOYMENT

Date of Application: _____

◆PERSONAL INFORMATION◆

Full Name: _____ SS#: _____ - _____ - _____

Address: _____ Phone #: (_____) _____ - _____

Mailing Address: _____ Alternate Phone#: (_____) _____ - _____

Are you age 18 or older? Yes No (If no, hire is subject to verification that you are of legal minimum age to work.)

Notify in case of emergency:

Name: _____ Phone #: (_____) _____ - _____

Address: _____

Have you ever been convicted of a felony? Yes No

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of the offense and disposition of the case. A felony conviction record will not necessarily bar you from employment. **The Wood Group is required to run a criminal history check on all applicants prior to employment.**

◆EMPLOYMENT DESIRED & AVAILABILITY◆

Position(s) applying for: _____ Salary/Wage desired: _____

Have you ever been employed with us before? Yes No If yes, give dates: _____

Date available to begin work: _____ Shift: Day Evening Night

Days available to work: S M T W T F S (please circle) Do you have transportation? Yes No

What are your reasons or goals for seeking the position(s) indicated? _____

◆EDUCATION/SKILLS◆

	NAME & LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

◆EMPLOYMENT RECORD◆

Are you currently employed? Yes No
 We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? Yes No

If yes, please explain: _____

Describe any experiences, skills or qualifications that would be of special benefit in the job for which you are applying: _____

MILITARY SERVICE
 U.S. Military or Naval Service: _____ Rank: _____
 Present Membership in National Guard or Reserves: _____

◆EMPLOYMENT FOR LAST 10 YEARS◆

CURRENT OR LAST EMPLOYER

Employer: _____ Phone #: (_____) _____-_____
 Address: _____ From: ____/____/____ To: ____/____/____
 Supervisor: _____ Wages: _____ per Hour Week Month
 Position & Duties: _____
 Reason for Leaving: _____

NEXT PREVIOUS EMPLOYER

Employer: _____ Phone #: (_____) _____ - _____

Address: _____ From: ____/____/____ To: ____/____/____

Supervisor: _____ Wages: _____ per Hour Week Month

Position & Duties: _____

Reason for Leaving: _____

NEXT PREVIOUS EMPLOYER

Employer: _____ Phone #: (_____) _____ - _____

Address: _____ From: ____/____/____ To: ____/____/____

Supervisor: _____ Wages: _____ per Hour Week Month

Position & Duties: _____

Reason for Leaving: _____

NEXT PREVIOUS EMPLOYER

Employer: _____ Phone #: (_____) _____ - _____

Address: _____ From: ____/____/____ To: ____/____/____

Supervisor: _____ Wages: _____ per Hour Week Month

Position & Duties: _____

Reason for Leaving: _____

(If additional space is needed, please use the back of this page.)

Please explain all periods of unemployment: _____

Have you ever been terminated from employment? Yes No

If yes, please explain: _____

The following section must be completed if you are applying for a position that requires the operation of a motor vehicle, owned or leased by the company, or if you must use your own vehicle for company purposes.

DL #: _____ State Issued: _____ Exp. Date: _____

Do you have auto liability insurance? Yes No If yes, please give name of company and expiration date:

Has your driver's license ever been suspended for any reason? Yes No If yes, please give date and reason:

Have you been involved in a vehicle accident of any type within the last five (5) years? Yes No
If yes, give date(s) and the nature and severity of the accident(s).

◆TRAFFIC VIOLATION RECORD ◆

List traffic citations you have received during the past five (5) years preceding the date of this application, and state the disposition of each, such as "dismissed," "paid fine," "defensive driving," etc.

<u>DATE</u>	<u>TYPE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have been convicted of a DUI or DWI, or driving under the influence of drugs, please explain:

NOTE: If you are hired for a position that requires driving, you must keep us informed of any changes in your driving record.

Employers in Texas have a legal duty in regard to each employee's safety. You, your fellow workers' and our residents' safety is of utmost importance to The Wood Group. It is neither beneficial for you nor us to place you in a job where you have a higher risk of injury because of a physical condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirements, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions as described in the job description. If you are unable to perform the essential functions of the job, we welcome you to discuss any needs for accommodations that would allow you to perform the job in accordance with the job description.

Do you have the physical and/or mental capabilities to perform the essential functions of the job? Yes No
If no, state the accommodations that would allow you to perform the job:

◆EMPLOYMENT APPLICANT'S RELEASE OF EMPLOYMENT RECORDS ◆

I, _____, hereby authorize The Wood Group to investigate all facts contained in my application for employment with said company, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information that said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release shall be as valid as the original.

Date

Applicant Signature

Witness Signature

Applicant Name Printed

Witness Name Printed

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for the past ten (10) years of experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

The Wood Group. is hereby authorized to make any investigation of past employment (current employment, if indicated above that this would not pose any difficulty), educational, credit, or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that I must be capable of performing the essential functions of the job for which I am applying. I understand that my employment is subject to the completion of the Medical Examination and Mobility Evaluation and I understand that my continued employment may be conditioned upon maintaining a favorable health evaluation and drug/alcohol screening. I also agree that all information concerning said physical examination can be supplied to the authorized agent of this company, upon their request.

If employed by The Wood Group., I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor.

I understand that an offer of employment and continued employment with the company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

OPTION: I understand and agree that if I am employed and subsequently terminate, or am terminated from, my employment, I must reimburse the company for any used, but unearned, vacation time that I may have taken, and that this reimbursement may be accomplished, to the extent permitted by law, by deductions out of my final paycheck from the company.

I have been supplied a copy of the job description that applies to the job for which I am applying and I have read and understand the essential functions of the job. I understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

Signature

Date

EMPLOYEE MISCONDUCT & NURSE AIDE REGISTRY NOTIFICATION

Facility Responsibilities

Effective May 1, 2000, a facility must search the Employee Misconduct Registry and the Nurse Aide Registry before hiring an unlicensed employee. To determine if the unlicensed employee is listed as having abused, neglected, exploited a resident or a consumer or misappropriated a resident or consumer's property, a facility must call the DHS toll-free automated line. If the person's name has been entered as unemployable on either registry due to a negative finding, the facility is prohibited from employing the individual. (Excerpt from the TDHS Provider Letter #01-45)

The Wood Group maintains an Employee Misconduct and Nurse Aide Registry listing all substantiated cases of resident and consumer abuse, neglect, exploitation, and misappropriation of consumer property by direct care employees. Any person appearing on this list may not be employed by The Wood Group and any employee committing any of these violations while employed by The Wood Group will be reported to the appropriate registry.

PRE-EMPLOYMENT ELIGIBILITY CHECK

Texas Department Health & Human Services requires facilities to obtain criminal history record information directly from the Texas Department of Public Safety. If a person has lived outside the State of Texas at any time during the two years preceding the application for employment/volunteer status information must be obtained through the FBI using a complete set of fingerprints on the official FBI card. A facility, or provider may conduct subsequent criminal history and registry checks on any employee or volunteer at any time it deems appropriate.

1. Name _____
Last (Current) (Maiden Name) First Middle
2. Date of Birth ____/____/____ 3. Social Security # ____-____-____
4. Driver's License # _____ DL ID Exp. Date _____
(should be 8 digits long) (Check one)
5. Facility _____ 6. Sex (Circle One) M F
7. Ethnicity _____

I have read and understand the above information on the Employee Misconduct & Nurse Aide Registry, and the Pre-Employment Eligibility Check.

Applicant/Employee Signature

Date

****This form should be filled out and faxed, or called in, to the Administrative office before hiring. If calling in the form, leave the information with whomever is there and a copy will be faxed back or mailed to you.****

FOR CORPORATE OFFICE USE ONLY

I, _____, Director of Human Resources, submitted _____
_____'s information through the Employee Misconduct and Nurse Aide Registry
on _____. No prior misconduct issues were found for this person, therefore he/she is eligible
for hire by The Wood Group.

Approved for \$_____/hr.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification 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.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(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

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Hire _____	Not Hired _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		