



**PRE-EMPLOYMENT SCREENING**

Are you willing to submit for a drug screen, which includes marijuana or THC use in the last 90 days?  Yes  No

Have you ever been arrested, charged with a crime, listed as a defendant or discussed your case with a judge?  Yes  No

If Yes, explain ALL instances, noting state and year of occurrence(s), charges (misdemeanor or felony), status/outcomes (Pending, Warrant, Guilty, Not Guilty, Probation Before Judgement (PBJ), STET, Nolle Prosequi (Nol Pros), etc.), and relevant details, including ALL expunged records, regardless of location, age, date or relevance. Include traffic charges, but not parking tickets.

STATE	YEAR	CHARGES	STATUS/OUTCOME	DETAILS

**PROGRAM REQUIREMENTS**

**PROFESSIONALISM:** Students must be willing to learn, able to work on a team and have a focused and committed demeanor, including appropriately exhibited attitude, behavior, class participation, attention to timeliness/lack of tardiness, good communication skills, work ethic and people skills. INITIAL \_\_\_\_\_

**PHYSICAL ABILITIES:** Students will be required to meet the same physical demands as are required by employees of a nursing home. This includes intermittent and even prolonged physical activity, such as walking, standing, sitting, and lifting as much as 50 lbs. or more. If you have any pre-existing condition that may prevent you from performing any skills or activities required of students attending this program, written verification must be provided from your physician, stating that there are “no activity restrictions.” INITIAL \_\_\_\_\_

**HONESTY:** Students need to possess strong integrity and trust. Lying, cheating, stealing or other dishonest or unacceptable behavior will not be tolerated and are grounds for immediate removal from this program. INITIAL \_\_\_\_\_

**ATTENDANCE:** A minimum of 90% attendance is required for the classroom lecture and skills. You must attend all 100% of the 40 hours of clinical rotation. Lateness will be factored into attendance. INITIAL \_\_\_\_\_

**GRADES:** All classroom modules must be completed with an average score of 80%. A score of 80% or better must be achieved on the final exam. INITIAL \_\_\_\_\_

**OTHER:** All obligations to grant, funders and It Works Learning Center, Inc. must be met. INITIAL \_\_\_\_\_

**PRIOR WORK EXPERIENCE** Begin with your most recent employment.

Unemployed. If Unemployed, still provide your prior work experience below.

Name, Address & Phone	Start Date	End Date	Pay Rate	Position/Title	Supervisor	Reason for Leaving
Current or last job:						

I understand that, if I am accepted into this training program, false statements on this application or providing falsified documents will be considered sufficient grounds for my declination or removal. I understand and agree that my acceptance into this training program is contingent upon a satisfactory criminal background check. I further understand that a drug screen may be conducted, and a positive test will automatically disqualify me from consideration for this program.

I hereby authorize It Works Learning Center, Inc. and its agents to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background, including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history. I consent to the release of this application and all other information, documents and agreements that I provide to or enter into with It Works Learning Center, Inc. to the facility hosting the training, and, if different, the employer where I am seeking employment, as well as any source of my tuition. I consent to photos being taken of me and used in promotional and marketing materials, for which I will receive no compensation. Following completion of this training program, I furthermore consent to the release of my employment information by my employer to It Works, to include my hire date, pay rate and, if applicable, separation date and reason. I release the aforesaid parties from any liability and responsibilities for collecting or sharing the above information. I believe to the best of my knowledge that all information I have provided is accurate, true and correct.

**X**

Signature

Print Name

Date