

EMPLOYMENT HISTORY

BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER LIST THE LAST FOUR POSITIONS OF EMPLOYMENT HELD IN DATE ORDER NOTE AND EXPLAIN ANY PERIODS FOR WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION."

| | | | |
|--|------------------------------|---|---------------|
| NAME OF EMPLOYER | POSITION HELD | DATES FROM TO | HRS/WK |
| ADDRESS | NAME AND TITLE OF SUPERVISOR | WHEN MAY THIS EMPLOYER BE CONTACTED? <input type="checkbox"/> Now <input type="checkbox"/> After offer of employment? | TELEPHONE # |
| CITY STATE ZIP | REASON FOR LEAVING | STARTING SALARY | ENDING SALARY |
| DUTIES | | | |

| | | | |
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GRANTING AND CONTINUED EMPLOYMENT IS CONDITIONED UPON RECEIPT OF FAVORABLE REFERENCES.

| EDUCATION | | | | |
|--|--------------------------------------|---------------------------------------|--|---|
| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | CIRCLE LAST YEAR COMPLETED | LIST DIPLOMA DEGREES(S) OBTAINED |
| HIGH SCHOOL | | | 1 2 3 4 | |
| COLLEGE(S) | | | 1 2 3 4 | |
| | | | 5 6 7 8 | |
| AREA OF SPECIALIZATION OR MAJOR INTEREST | | | TYPING – Approx WPM _____ SHORTHAND – Approx WPM _____ | |
| LIST BUSINESS, HOSPITAL, NURSING FACILITY MEDICAL OR INDUSTRIAL EQUIPMENT OPERATED | | | WORD PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WORD PROCESSING EQPT ARE YOU FAMILIAR WITH? | |
| PROFESSIONAL LICENSES AND/OR CERTIFICATES | | | | |
| ARE YOU: | CURRENTLY | <input type="checkbox"/> REGISTERED | <input type="checkbox"/> LICENSED | <input type="checkbox"/> CERTIFIED |
| | ELIGIBLE | <input type="checkbox"/> REGISTRATION | <input type="checkbox"/> LICENSURE | <input type="checkbox"/> CERTIFICATION |
| IF LICENSED REGISTERED OR CERTIFIED: | | | | |
| TYPE | NO: | STATE ISSUED | DATE ISSUED: | EXPIRATION |
| LANGUAGE SKILLS (OTHER THAN ENGLISH) | | | | |
| SINCE COMMUNICATION WITH RESIDENTS, THEIR FAMILIES AND PHYSICIANS SOMETIMES INVOLVES THE USE OF FOREIGN LANGUAGES, PLEASE IDENTIFY OTHER LANGUAGES THAT YOU SPEAK _____, WRITE _____, AND READ _____ INCLUDING SIGN LANGUAGE: | | | | |
| UNITED STATES MILITARY SERVICE: If you obtained any experience or skills while performing military service that relates to the job for which you are applying, please describe the nature of your duties that led to the experience. | | | | |
| ADDITIONAL REFERENCES | | | | |
| PLEASE COMPLETE IF ONLY ONE OR NO EMPLOYMENT REFERENCES ARE LISTED. THESE INCLUDE PERSONS IN ACADEMIC INSTITUTIONS, VOLUNTEER ORGANZATIONS, ETC. (NOT FRIENDS OR RELATIVES) | | | | |
| NAME | ADDRESS | TELEPHONE | RELATIONSHIP | |
| | | | | |
| | | | | |
| ADDITIONAL INFORMATION: | | | | |
| Please include any additional information that you think would be applicable: e.g., internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment, Do not provide any information which would denote race, sex, age, marital status, disability, national origin, ancestry, religious or political affiliations, or any other characteristic or status protected by federal or-state law. | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

IMPORTANT STATEMENTS-READ CAREFULLY BEFORE SIGNING

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you. I also understand that the facility may conduct a background check, which may include a review of criminal history records, driving records, prior employment history, educational background and/or other records. I understand that the background check may also include a review of my background by means other than a review of public records. I consent to allowing the facility to conduct this background check.

In consideration of my employment I agree to comply with the rules, regulations, and policies of the facility, and acknowledge that these rules, regulations and policies may be changed at any time with or without notice for any reason not violative of the law. I also agree and understand that my employment and compensation are at will, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the facility or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the facility. I also understand that no representative of the facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time. I also understand that falsification of information on this application or during the hiring process can also be a crime, and may also be used as a basis for disqualification from workers compensation benefits.

As a condition of employment I hereby consent to testing for drug and/or alcohol use, as determined to be appropriate by management, either before being hired, and after being made a conditional offer of employment, and/or at any time during my employment with this facility.

Date: _____

Signature: _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

| | |
|--|---|
| DATE OF BIRTH | MAIDEN NAME |
| PERSON TO NOTIFY IN CASE OF EMERGENCY | RELATIONSHIP |
| ADDRESS CITY STATE | AREA CODE TELEPHONE NUMBER |

ERMS Special Investigations & Recovery ("ERMS"), Authorized Agency
 P.O. Box 11944, Alexandria, LA 71315 (318) 484-6110 (phone) (318) 442-8202 (fax)

Pathway Management Company, LLC ("PMC") and Affiliated Facilities (Lexington House, Heritage Manor South, Senior Village, Heritage Manor Stratmore, Heritage Manor West, The Summit, Heritage Manor of Opelousas, Southern Hills, Heritage Manor of Ville Platte, Matthews Memorial, Flannery Oaks Guest House, Heritage Manor of Mandeville, Audubon Health & Rehab, Heritage Manor of Baton Rouge II, Landmark South, Landmark of Hammond, Heritage Manor of Houma, Landmark of Acadiana, Grand Cove, Forest Manor, Heritage Manor of Slidell, Landmark of Baton Rouge, Ormond Nursing & Care Center, The Oaks of Houma, Landmark of Lake Charles, Landmark of Plaquemine, Town & Country and Landmark of Rayne) ("the Company")

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY AND SECURITY RECORDS INFORMATION

The Company is required to obtain a criminal history record and perform a security check if it makes a conditional offer of employment to me. I understand that a consumer reporting agency or the Company may make investigative inquiries about me and that any information obtained will be used solely for employment related purposes. I understand that the nature and scope of this investigation may include several sources including, but not limited to, consumer credit, criminal convictions, motor vehicle and other reports. These reports may include information as to my character, general reputation, personal characteristics, mode of living and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers may also be obtained. I understand that information will be requested from various federal, state, parish/county and other agencies.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment related purposes during my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my suitability for continuing employment. I understand that my consent will apply throughout my employment unless I revoke or cancel my consent in writing. I received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act"

I understand that providing false information concerning a criminal history check is a crime. I authorize any party or agency to furnish the above-mentioned information to ERMS or the Company. I consent to ERMS giving the Company the information. I understand that the Company will provide me with a copy of any report along with the name and address of the reporting agency before a decision is made if the information in it is in any way to be used in making a decision regarding my employment.

| | | | |
|---|-------------|--|---------------------|
| Complete Name (First, Middle, Last) | | Additional Names used (Include all married names) | |
| Social Security Number | | Date of Birth | |
| Gender (male/female) | Race | Driver's License Number | State Issued |
| Current Address & Telephone (street, city, state, zip code, phone) | | Job Title/Position | |

List each additional place where you have lived, worked or attended school during the last ten years. Use a second form if necessary.

| | City or Parish/County | State | Dates |
|---|------------------------------|--------------|--------------|
| 1 | | | |
| 2 | | | |

| | | |
|------------------------------|--|--------------|
| Applicant's Signature | | Date: |
|------------------------------|--|--------------|

Below to be Completed by the Company:

| | | |
|-----------------------|----------------|--------------------------------------|
| Position Title | Supervisor | Licensed Position: Yes or No |
| Facility Name | Landmark South | Positive ID of Applicant: Yes |
| Signature | | Date: |

Check Applicable Facility

| | | | | | | | | |
|-------|------|------|------|------|-------------|-------|-------|-------|
| MM13 | MM23 | MM24 | MM36 | MM37 | MM39 | MM40 | MM49 | MM53 |
| MM99 | SM12 | SM16 | SM17 | SM18 | SM20 | SM21 | SM22 | SM25 |
| SM27 | SM28 | SM38 | SM47 | SM54 | SM55 | SM201 | SM204 | SM205 |
| SM206 | | | | | | | | |

Consumer Report Disclosure Form

Landmark South may, with your consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from ERMS Special Investigations and Recovery, LLC, a consumer reporting agency, related to your prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living.)

You may request that the nature and scope of any investigative consumer report be disclosed to you. Such disclosure will be made within 5 days of our receipt of the request from you or five days after the date the investigative consumer report was first requested, whichever is later.

By signing below, you grant permission to Landmark South or any of its affiliated or subsequent companies to obtain such report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to ERMS Special Investigations and Recovery, LLC, including information which may be deemed negative.

Signature

Date

Identity Information

First Name: _____

Middle Name: _____

Last Name: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Other Names Used: _____
(maiden names or aliases)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Driver's License State: _____ Driver's License Number: _____

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City OR Parish/County: _____ State: _____ Dates: _____

City OR Parish/County: _____ State: _____ Dates: _____

City OR Parish/County: _____ State: _____ Dates: _____

City OR Parish/County: _____ State: _____ Dates: _____