



Thank you for applying to New Vista!

ABOUT NEW VISTA

New Vista was founded in 1986 by parents of intellectually disabled individuals who were concerned what would happen to their loved ones when they were gone or could not care for them. Today, New Vista has 22 homes and growing in the Las Vegas Area.

New Vista’s three core programs include supported living arrangements, in-home supports and group respite. Employees of New Vista support individuals through our housing and life-skills training programs. New Vista operates 24 hours per day, 7 days per week. Employees are required to work any shift, including weekends and holidays.

Please complete this application packet in full and return to HR.

EMPLOYMENT DRUG CHECK:

New Vista is a drug-free workplace. Prospective employees are required to submit to a drug test after a conditional offer of employment has been extended. Substances tested are regulated by the DEA’s list of Controlled Substances, which includes but is not limited to amphetamines, cocaine, marijuana, methamphetamines, opiates, and alcohol. Human Resources will review New Vista’s drug testing policies with applicants who receive a conditional job offer. If applicants have a question about these policies at the time of application, please speak with Human Resources.

EMPLOYMENT BACKGROUND CHECK: ANY OF THE BELOW CRIMINAL CONVICTIONS DISQUALIFIES AND APPLICANTS’ ABILITY TO BE EMPLOYED

<p>An applicant cannot be employed if convicted of the below offenses:</p> <ul style="list-style-type: none"> • Murder, voluntary manslaughter or mayhem • Assault with intent to kill or commit sexual assault or mayhem • Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime • Felony conviction as domestic violence (NRS 33.018) • Abuse or neglect of a child or contributory delinquency • Abuse, neglect, exploitation or isolation of any older persons or vulnerable persons, include a violation of any provision of NRS 200.50955 or 200.5099 or a law of any other jurisdiction that prohibits the same or similar conduct • A violation of any provision of NRS 422.450 to 422.590, inclusive, relation to Nevada’s State Plan for Medicaid • Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon 	<p>An applicant cannot be employed if convicted within the past seven years of any of the following:</p> <ul style="list-style-type: none"> • Any violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS • Misdemeanor prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor • A crime involving assault or battery, domestic or otherwise, this is punished as a misdemeanor (see NRS 33.018) • A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct • A criminal offense under the laws governing Medicaid or Medicare • Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property • An attempt or conspiracy to commit any of the offenses listed above
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EMPLOYMENT APPLICATION

Date: _____

APPLICANT INFORMATION											
Last Name					First				M.I.		
Street Address								Apartment/Unit #			
City					State				ZIP		
Phone					E-mail Address						
Date Available				Social Security #		--		--			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Any Current New Vista Affiliation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who/what type?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities?											
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____											
EDUCATION											
High School					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES –3 PERSONAL REFERENCES / NON-FAMILY MEMBERS											
Full Name					Relationship						
Address					Phone						
Full Name					Relationship						
Address					Phone						
Full Name					Relationship						
Address					Phone						



EMPLOYMENT APPLICATION

WORK/EMPLOYMENT HISTORY (PROVIDE 10 YEARS)				
Company		Start Date:		
End Date:				
Address				
Job Title		Phone:		
Responsibilities				
Reason for leaving				
Company		Start Date:		
End Date:				
Address				
Job Title		Phone		
Responsibilities				
Reason for leaving				
Company		Start Date:		
End Date:				
Address				
Job Title		Phone:		
Responsibilities				
Reason for leaving				
Company		Start Date:		
End Date:				
Address				
Job Title		Phone:		
Responsibilities				
Reason for leaving				
MILITARY SERVICE				
Branch		From		To
Rank at Discharge		Type of Discharge (explain if other than honorable)		



EMPLOYMENT APPLICATION

Emergency Contact Name/Relationship:		Number:	
Emergency Contact Name/Relationship:		Number:	
VEHICLE INFORMATION		Make, Model, Year	
Driver License #		License Plate No.	
Make:	Model:	Year:	Color:
Insurance Carrier:		Insurance Policy No.:	
BACKGROUND CHECK AS PER NRS 499.174, 5 year address history		Alias/Maiden Name(s):	
Date of Birth		Social Security No.	
Previous Address:			
Previous Address:			
	<u>UNDERSTANDING AND AUTHORIZATION</u>		
	<p>I hereby authorize New Vista Ranch, Inc., and/or the company of its choice to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by the State of Nevada Department of Public Safety, Department of Corrections, Office of the Inspector General, County Courts databases, Sexual Offender Registry, other public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. This may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.</p>		
Initial	<p>I release New Vista Ranch, Inc. and/or the company of its choice and any person or entity which provides pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources.</p>		
Initial	<p>I understand that any offer of employment is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if employed. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.</p>		
Initial	<p>I hereby agree, upon a request made under the drug/alcohol testing policy of New Vista, to submit to a drug or alcohol test and to furnish a sample of my urine for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be unable to be hired and/or I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test. I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results.</p>		
I authorize New Vista to complete all employment checks listed above.	Applicant Signature:	Date:	



EMPLOYMENT APPLICATION

Contract Provider Employee Application Supplemental Questions

New Vista is a certified and/or approved contract provider of the Nevada Developmental Services (DS) Regional Center. The Nevada DS Regional Centers require that all employee Applicants complete the following questions:

- 1) Have you ever worked with any agency which contracts with the State of Nevada Developmental Services Regional Centers (Desert, Rural or Sierra Regional Center)?
 Yes No

- 2) Have you ever worked for an agency, either within or outside, of the State of Nevada That serves a vulnerable population e.g. children, seniors, or developmentally disabled?
 Yes No

- 3) Have you ever been the accused (placed on re-assignment/administrative leave) In an abuse, neglect or exploitation complaint and/or investigation?
 Yes No

If so, were the accusations confirmed or substantiated?

- Yes No

If yes, what was the outcome? (Check all that apply)

- Termination Suspension Retraining Other

Describe:

I declare that the information provided to the above questions is true and complete.

Print Name

Signature

Date



EMPLOYMENT APPLICATION

Availability

Please indicate ALL shifts you are available to work each day.

Monday

4pm-12am 12am-8am

Not Available

Tuesday

4pm-12am 12am-8am

Not Available

Wednesday

4pm-12am 12am-8am

Not Available

Thursday

4pm-12am 12am-8am

Not Available

Friday

4pm-12am 12am-8am

Not Available

Saturday

8am-4pm 11am-7pm 2pm-10pm 4pm-12am 12am-8am

Not Available

Sunday

8am-4pm 11am-7pm 2pm-10pm 4pm-12am 12am-8am

Not Available

Accurate information will assist New Vista with the scheduling and assignment process.

Signature

Date



EMPLOYMENT APPLICATION

New Vista Reference Check Form

All sections should be completed to be considered a valid reference. Indicate N/A if the question is not applicable or if Company Policy (CP) prohibits answer.

By signing in the Applicant Signature section of this form I consent and authorize the named Former/current employer and its agents and employees to furnish reference information concerning me, including achievement, wage history, performance, attendance reason for separation of employment and any information for the purpose of determining acceptability for employment with New Vista.

APPLICANT SIGNATURE: _____ **DATE:** _____

This section to be completed by verifier. Do not write below applicant's signature.

Applicant Name: _____

Former Employer: _____ Phone/Fax: _____

Contact for VOE: _____ Title: _____

Signature/Verbal: _____ Date: _____

Dates of Employment: From: _____ To: _____

Position: _____ Full Time: _____ Part Time: _____

Salary: _____ 2 weeks' notice: _____ Eligible for rehire: _____

Separation: _____ Voluntary: _____ Involuntary: _____

Attendance/Punctuality: _____

Ability to get along with others: _____

Did person require direct supervision/Why: _____

Print Name of Verifier: _____

Signature of Verifier: _____ Date: _____



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Signature of Verifier: _____ Date: _____