



4000 N.W. 89th Blvd.
Gainesville, FL 32606

A SUBSIDIARY OF SANTA FE HEALTHCARE, INC.

IMPORTANT DISCLAIMERS AND AUTHORIZATIONS PLEASE REVIEW

Regarding your application for employment at **SantaFe Senior Living, Inc.** or its subsidiaries **East Ridge at Cutler Bay**; **The Terraces at Bonita Springs**; and **The Village at Gainesville** (hereafter referred to as the “Company”):

Accurate Information

All of the information I have supplied on my application is true, accurate, and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Company, would affect my application unfavorably. If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

Each employment application will be considered active only for the specific position for which I have applied. If I want to be considered for any other job with the Company, I must fill out another application. In consideration of my employment with the Company, I agree to abide by all the Company’s policies and procedures.

Equal Employment Opportunity

The Company provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Employment at Will

I understand that nothing in my employment application(s) creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are “at will,” which means that my employment can be terminated, either by the Company or by me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, which is not an at-will agreement. I will not rely, and have not relied, on any oral or verbal representations to alter my at-will employment status because I understand no one has the authority to make such representations, and any such representations are unenforceable. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time, and such must be in writing signed by the President and me.

Our Communities:

East Ridge at Cutler Bay

19301 SW 87th Ave,
Cutler Bay, FL 33157
(305) 256-3564

The Terraces at Bonita Springs

26455 S Tamiami Trail,
Bonita Springs, FL 34134
(239) 949-7555

The Village at Gainesville

8000 NW 27 Blvd,
Gainesville, FL 32606
(352) 373-4032

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Agreement to Withhold Wages

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

Drug and Alcohol Testing

I understand that as a condition of my employment and continued employment, I may be required to submit to, and do voluntarily agree to submit to, any testing for the presence of drugs or alcohol, and to submit to any procedure to assess my qualifications for employment.

Authorization to Work in the United States

I understand that upon offer and acceptance of a position with the Company I will be required to furnish documentation establishing my identity and eligibility to be legally employed in the United States within three (3) business days.

Authorization to Conduct Background Check

I understand that my employment is subject to a satisfactory check of my employment references. I hereby give the Company or its designated agents and representatives my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact my current employer (if applicable); any former employer, school, college or university; any personal or professional reference; or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Authorization to Release Records

I further authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, or other persons having personal knowledge of me to furnish the Company or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I also am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

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Statute of Limitations Waiver

Except where specifically prohibited by law, I agree that any claim or lawsuit arising out of my application for employment with, my employment with, or my separation of employment from SantaFe Senior Living, Inc. (or any of its subsidiaries) must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit, or within the applicable statute of limitations, whichever expires first. This limitations period applies whether the claim or lawsuit is filed by me or by SantaFe Senior Living (or any parent or subsidiaries). Furthermore, the limitations period applies to: (1) all federal employment-related claims, including, but not limited to, those brought under the Age Discrimination in Employment Act (ADEA), Americans with Disabilities Act (ADA), Consolidated Omnibus Budget Reconciliation Act (COBRA), Employee Retirement Income Security Act of 1974 (ERISA), Fair Credit Reporting Act (FCRA), Fair Labor Standards Act (FLSA), Family and Medical Leave Act (FMLA), Genetic Information Nondiscrimination Act (GINA), Title VII of the Civil Rights Act of 1964, Uniformed Services Employment and Reemployment Rights Act (USERRA), and Worker Adjustment and Retraining Notification Act (WARN); and (2) to all state, municipal, or local employment-related claims, including, but not limited to, claims for employment discrimination, wrongful discharge, retaliation, or failure to pay appropriate wages or fringe benefits.

While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS OF A DURATION LONGER THAN SIX (6) MONTHS. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, I agree that the court shall enforce this provision to the greatest extent possible and shall declare the lawsuit barred unless it was brought within the minimum period of time within which that court finds is reasonable.

Acknowledgement and Agreement

I understand that by typing my name in the space provided on the application, I am (a) acknowledging that I have read, understand, accept and agree with the above statements, (b) certifying that the information in my profile and on my application is complete and accurate, and (c) agreeing to the use of an electronic method of signature to demonstrate my acknowledgement and certification as described above.

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